

No. <b>C 126637</b>		<b>Due no later than Dec 31, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  GENTLE FAMILY DENTISTRY, P.C. LYNN WENTZ PO BOX 748 1265 AHSAHKA RD OROFINO ID 83544-0748		LYNN WENTZ 1265 AHSAHKA RD OROFINO ID 83544-0748			
				3. <u>New</u> Registered Agent Signature: *			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	LYNN C WENTZ	PO BOX 748	OROFINO	ID	USA	83544	
SECRETARY	MICHAEL B MILLER	PO BOX 748	OROFINO	ID	USA	83544	
5. Organized Under the Laws of:  <b>ID C 126637</b>		6. Annual Report must be signed.* Signature: Lynn Wentz Name (type or print): Lynn Wentz					
Date: 10/21/2009 Title: President							
Processed 10/21/2009		* Electronically provided signatures are accepted as original signatures.					