No. C 106669			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address: Correct in this box if needed. KEVIN L. HAMBLIN, D.D.S. KEVIN LAVAR HAMBLIN 1415 N FILLMORE STE 701		KEVIN L HAMBLIN 1415 N FILLMORE STE 701 TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE			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 KEVIN L HAMBLIN		1415 N FILLMORE STE 701	TWIN FALLS	ID	USA	83301
Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	ID Signature: Kevin L. Hamblin DDS		Date: 05/28/2009			
C 106669	C 106669 Name (type or print): Kevin L. Hamblin DDS		Title: President			
Processed 05/28/2009	* Electronically provided signatures are accepted as original signatures.					