

No. <b>C 122045</b>		<b>Due no later than Dec 31, 2010</b>		<b>2. Registered Agent and Address (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>  PRIEST RIVER DENTAL CARE PA CHAD M THOMPSON PO BOX 496 PRIEST RIVER ID 83856		CHAD M THOMPSON DDS 355 E SETTLEMENT ROAD PRIEST RIVER ID 83856			
				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	
SECRETARY	DAWNETTA O THOMPSON	355 E SETTLEMENT ROAD	PRIEST RIVER	ID	USA	83856	
PRESIDENT	CHAD M THOMPSON	355 E SETTLEMNT ROAD	PRIEST RIVER	ID	USA	83856	
5. Organized Under the Laws of:  <b>ID C 122045</b>		6. Annual Report must be signed.* Signature: Chad Thompson Name (type or print): Chad Thompson Date: 02/16/2011 Title: President					
Processed 02/16/2011		* Electronically provided signatures are accepted as original signatures.					