

No. C 158408		Due no later than Jan 31, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. J. BRENT BERREY, D.M.D., P.A. J. BRENT BERREY 333 W. CEDAR ST. POCATELO ID 83201-5045 USA		J BRENT BERREY DMD 1717 LANCE DR. POCATELO ID 83204			
				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	J. BRENT BERREY, DMD	1717 LANCE DR.	POCATELLO	ID	USA	83204	
SECRETARY	ELEANOR G. BERREY	1717 LANCE DR.	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of: ID C 158408		6. Annual Report must be signed.* Signature: J. Brent Berrey, DMD, PA Name (type or print): J. Brent Berrey, DMD, PA Date: 02/13/2011 Title: President					
Processed 02/13/2011		* Electronically provided signatures are accepted as original signatures.					