No. C 51288	Due no later than Apr 30, 2009	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	Annual Report Form 1. Mailing Address: Correct in this box if needed. KUNZ TOENJES & BRIZZEE PA DR. NEIL L. KUNZ PO BOX 567 ST. ANTHONY ID 83445	305 E. 5TH NC ST. ANTHONY	NEIL L. KUNZ, D.M.D. 305 E. 5TH NORTH ST. ANTHONY ID 83445 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE		, p				
4. Corporations: Enter Names and Bu	siness Addresses of President, Secretary, and Directors. Treasurer	(optional).				
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT NEIL L K	UNZ 305 EAST 5TH NORTH	ST. ANTHONY	ID	USA	83445	
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	ID Signature: Jared Richards			Date: 02/13/2009		
C 51288	Name (type or print): Jared Richards	Title: Manager				
Processed 02/13/2009	* Electronically provided signatures are accepted as original signatures.					