

No. <b>C 157165</b>		<b>Due no later than Nov 30, 2011</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>1. Mailing Address: Correct in this box if needed.</b> CENTER FOR CONTEMPORARY DENTISTRY, P.C. TIM HUFF 3157 S BOWN WAY STE 200 BOISE ID 83706		DR TIMOTHY J HUFF DDS 3690 E. VANTAGE POINTE LN MERIDIAN ID 83642		
				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	COLINE L HUFF	3690 E. VANTAGE POINTE LN	MERIDIAN	ID	USA	83642
PRESIDENT	TIMOTHY J HUFF	3690 E. VANTAGE POINTE LN	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of: <b>ID C 157165</b>		6. Annual Report must be signed.* Signature: Tim Huff DDS Name (type or print): Tim Huff DDS Date: 11/28/2011 Title: President				
Processed 11/28/2011		* Electronically provided signatures are accepted as original signatures.				