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| No. C 157165 | | Due no later than Nov 30, 2011 Annual Report Form | | 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 | | 1. Mailing Address: Correct in this box if needed. 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: ID C 157165 | | 6. Annual Report must be signed.* Signature: Tim Huff DDS Name (type or print): Tim Huff DDS | | | | | |
| Processed 11/28/2011 | | * Electronically provided signatures are accepted as original signatures. Date: 11/28/2011 Title: President | | | | | |