

No. <b>C 126497</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>  JOHN J. JOHNSON, D.D.S., P.C. JOHN J JOHNSON DDS 3510 12TH ST STE 600 LEWISTON ID 83501		JOHN J JOHNSON DDS 3510 12TH ST STE 600 LEWISTON ID 83501			
				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	JOHN J JOHNSON	409 21ST AVERNUE	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:  <b>ID C 126497</b>		6. Annual Report must be signed.* Signature: John J. Johnson Name (type or print): John J. Johnson			Date: 10/19/2010 Title: President		
Processed 10/19/2010		* Electronically provided signatures are accepted as original signatures.					