No. C 127861		Due no later than Mar 31, 2011		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		GREG GUYMON DDS MS 1200 CHERRY LN MERIDIAN ID 83642 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. GUYMON ORTHODONTICS, P.A. GREG GUYMON 1200 W CHERRY LN MERIDIAN ID 83642						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of Presi	ident, Secretary, and Directors. Tre	asurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT GREG S GUYMON		YMON	1200 W CHERRY LANE		MERIDIAN	ID	USA	83642
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Greg Guymon			Date: 03/15/2011			
C 127861		Name (type or print): Greg Guymon			Title: President			
Processed 03/15/2011 * Electronically provided signatures are accepted as original signatures.								