No. C 120214		Due no later than Jul 31, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. TIMES SQUARE DENTAL, P.A. JON HASTINGS 1529 S TIMES SQUARE CT #100 BOISE ID 83709		2. Registered Agent and Address (NO PO BOX) JON HASTINGS 1529 S TIMES SQUARE CT BOISE ID 83709 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TIMES SQU JON HAST 1529 S TIN						
NO FILING FEE IF RECEIVED BY DUE DATE							
200	siness Addresses	of President, Secretary, and Directors. Treasu	urer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY PEGGY H PRESIDENT JON R. H	HASTINGS ASTINGS	11577 W. ONEIDA 11577 W. ONEIDA	BOISE BOISE	ID ID	USA USA	83709 83709	
5. Organized Under the Laws of: 6. Ann		port must be signed.*					
ID	Signature:	Signature: Peggy Hastings Date: 06/07/2011					
C 120214	Name (typ	e or print): Peggy Hastings		Title: Secretary			
Processed 06/07/2011	* Electronicall	* Electronically provided signatures are accepted as original signatures.					