| No. C 189819 | | Due no later than Jan 31, 2013 | | 2 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|--|--------------------------------|-----------|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | | RYAN K DOYLE, DDS | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. RYAN K DOYLE, DDS, PC RYAN DOYLE 314 W BANNOCK ST BOISE ID 83702 | | | 314 W BANNOCK ST BOISE ID 83702 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter N | lames and Busin | ess Addresses of President, | Secretary, and Directors. Trea | asurer (o | ptional). | | | |
| Office Held | Name | 9 | Street or PO Address | | City | State | Country | Postal Code |
| PRESIDENT RYAN K DOYL | | YLE 3 | 14 W. BANNOCK | | BOISE | ID | USA | 83702 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Ryan Doyle | | | Date: 02/14/2013 | | | |
| C 189819 | | Name (type or print): Ryan Doyle | | | Title: President | | | |
| Processed 02/14/2013 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |