

No. C 185765		Due no later than Jan 31, 2012		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		Annual Report Form		TAMI HAYS 1220 W HAYS ST BOISE ID 83702			
		1. Mailing Address: Correct in this box if needed. IDAHO DENTIST'S INSURANCE AGENCY, INC. RACHEL L WICKHAM 1220 W HAYS ST BOISE ID 83702 USA		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	WILLIAM S MORRELL	403 S 11 ST, STE 200	BOISE	ID	USA	83702	
PRESIDENT	DANIEL S BRUCE	7878 USTICK RD, STE 101	BOISE	ID	USA	83714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 185765		Signature: Rachel Wickham			Date: 01/05/2012		
		Name (type or print): Rachel Wickham			Title: Administrative Coordinator		
Processed 01/05/2012		* Electronically provided signatures are accepted as original signatures.					