

No. <b>C 185765</b>		<b>Due no later than Jan 31, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>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>1. Mailing Address: Correct in this box if needed.</b>  IDAHO DENTIST'S INSURANCE AGENCY, INC. RACHEL L WICKHAM 1220 W HAYS ST BOISE ID 83702 USA		TAMI HAYS 1220 W HAYS ST BOISE ID 83702			
						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:  <b>ID</b> <b>C 185765</b>		6. Annual Report must be signed.*  Signature: Rachel Wickham Name (type or print): Rachel Wickham					
		Date: 01/05/2012 Title: Administrative Coordinator					
Processed 01/05/2012		* Electronically provided signatures are accepted as original signatures.					