

No. <b>C 154597</b>		<b>Due no later than May 31, 2011</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> KOOTENAI FAMILY DENTAL, P.A. MARC WALLACE 1420 LINCOLN WAY STE 200 COEUR D ALENE ID 83814 USA		MARC WALLACE 1420 LINCOLN WAY STE 200 COEUR D'ALENE ID 83814		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	
PRESIDENT	ROBERT L WILDER	1420 LINCOLN WAY STE 200	COEUR D ALENE	ID	USA	83814	
5. Organized Under the Laws of:  <b>ID C 154597</b>		6. Annual Report must be signed.* Signature: Mia Davis Name (type or print): Mia Davis Date: 03/31/2011 Title: Office Manager					
Processed 03/31/2011		* Electronically provided signatures are accepted as original signatures.					