| No. <b>C 136817</b>   |          | Due no later than Dec 31, 2011  |                      | 2. Registered Agent and Address (NO PO BOX) |  |       |         |             |  |
|---|----------|---|----------------------|---|--|-------|---------|-------------|--|
| Return to:  |          | Annual Report Form  |                      | ROBERT A ADAMS                              |  |       |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                  |          | 1. Mailing Address: Correct in this box if needed.  DR. ROBERT A. ADAMS, P.C. ROBERT A ADAMS  188 RIVER VISTA PLACE TWIN FALLS ID 83301 |                      | _   | 188 RIVER VISTA PLACE TWIN FALLS ID 83301  3. New Registered Agent Signature:* |       |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |          | USA   |                      |   |  |       |         |             |  |
| 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 A | ADAMS   | 821 RIMVIEW LANE W   |   | TWIN FALLS   | ID    | USA     | 83301       |  |
| 5. Organized Under the Laws of:   |          | 6. Annual Report must be signed.*   |                      |   |  |       |         |             |  |
| ID  |          | Signature: Robert A Adams Dds   |                      |   | Date: 10/12/2011   |       |         |             |  |
| C 136817  |          | Name (type or print): Robert A Adams Dds  |                      |   | Title: Owner   |       |         |             |  |
| Processed 10/12/2011 * Electronically provided signatures are accepted as original signatures.                    |          |   |                      |   |  |       |         |             |  |