

No. C 184130		Due no later than Aug 31, 2011		Annual Report Form		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		1. Mailing Address: Correct in this box if needed. KELBY J. OLSON DMD P.C. KELBY J OLSON 24 E 3RD S SAINT ANTHONY ID 83445		DR KELBY J OLSON DMD 24 E 3RD S SAINT ANTHONY ID 83445		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	KELBY J OLSON	24 E 3RD S	SAINT ANTHONY	ID	USA	83445	
5. Organized Under the Laws of: ID C 184130		6. Annual Report must be signed.* Signature: Kelby J. Olson Name (type or print): Kelby J. Olson Date: 07/19/2011 Title: President					
Processed 07/19/2011		* Electronically provided signatures are accepted as original signatures.					