

No. <b>C 149446</b>		<b>Due no later than Jun 30, 2009</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>Annual Report Form</b>		GARY J NELSON DMD 1954 PINEWOOD DR IDAHO FALLS ID 83401			
		<b>1. Mailing Address: Correct in this box if needed.</b>  AAAH, SOFT TOUCH DENTAL CARE, P.A. GARY J. NELSON 3350 S. 15 E. IDAHO FALLS ID 83404 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	
PRESIDENT	GARY J. NELSON	3350 S. 15TH E	IDAHO FALLS	ID	USA	83406	
SECRETARY	DEBBIE L NELSON	3350 S. 15TH E	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of:  <b>ID C 149446</b>		6. Annual Report must be signed.* Signature: Gary Nelson Name (type or print): Gary Nelson					
Date: 07/29/2009 Title: President							
Processed 07/29/2009		* Electronically provided signatures are accepted as original signatures.					