

No. C 177659		Due no later than Mar 31, 2010 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		1. Mailing Address: Correct in this box if needed. AWP DENTAL GROUP, P.C. 3289 N TOWERBRIDGE WAY MERIDIAN ID 83646		MICHAEL D PAYNE 3289 N TOWERBRIDGE WAY MERIDIAN ID 83646			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held DIRECTOR	Name MICHAEL D PAYNE	Street or PO Address 3289 N. TOWERBRIDGE WAY		City MERIDIAN	State ID	Country USA	Postal Code 83646
5. Organized Under the Laws of: ID C 177659		6. Annual Report must be signed.* Signature: Michael Payne Name (type or print): Michael Payne Date: 04/15/2010 Title: Member					
Processed 04/15/2010 * Electronically provided signatures are accepted as original signatures.							