No. **C 137071**	**Due no later than Jan 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** NORTHWEST DENTAL CENTER, PA ROXANNA TODD 8300 NORTHVIEW ST BOISE ID 83704	GORDON G CROFT 8300 NORTHVIEW ST BOISE ID 83704 3. New 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
SECRETARY	DON R COOK D.D.S.	8300 NORTHVIEW ST.	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 137071**	Signature: Gordon G. Croft D.M.D	Date: 12/02/2009
	Name (type or print): Gordon G. Croft D.M.D	Title: President

Processed 12/02/2009

* Electronically provided signatures are accepted as original signatures.