No. C 113352	ı			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. STEVEN E. ANDERSON, D.D.S., P.A. STEVE ANDERSON 311 S DIVISION SANDPOINT ID 83864		STEVEN E ANDERSON 311 S DIVISION			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	STEVEN E. A STEVE AND 311 S DIVIS			SANDPOINT ID 83864 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Bu	siness Addresses o	of President, Secretary, and Directors. Trea	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR STEVEN E ANDERSON 311 S DIVISION			SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:	Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	ID Signature: Steve Anderson			Date: 11/16/2007			
C 113352	Name (type	Name (type or print): Steve Anderson		Title: President			
Processed 11/16/2007	* Electronically	* Electronically provided signatures are accepted as original signatures.					