

No. C 152009		Due no later than Dec 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. CASCADE FAMILY DENTISTRY, P.C. KURT J MARKUSON 13219 W PERSIMMON LN. BOISE ID 83713		KURT J MARKUSON 13219 W PERSIMMON LN. BOISE ID 83713			
						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	KURT J MARKUSON	13219 W PERSIMMON LN.	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID C 152009		6. Annual Report must be signed.* Signature: Kurt J Markuson Name (type or print): Kurt J Markuson Date: 11/01/2011 Title: Owner					
Processed 11/01/2011 * Electronically provided signatures are accepted as original signatures.							