DESCRIPTION OF THE PROPERTY OF		ater than May 31, 2012	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		J ROBERT ALEXANDER			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		126 2ND AVE N TWIN FALLS ID 83301			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ALEXANDER DENTAL GROUP, CHTD JEANETTE SHARP 506 HANSEN ST E					
	TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
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 RICHARD E ALEXANDER 506 HANSEN STREET EAST		506 HANSEN STREET EAST	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:	6. Annual Report must	he signed *				
ID	Signature: Jeanette Sharp		Date: 03/08/2012			
C 139255	C 139255 Name (type or print): Jeanette Sharp		Title: Office Manager			
Processed 03/08/2012	* Electronically provided signatures are accepted as original signatures.					