

| | | | | | | | |
|--|-----------------|--|-------|--|---------|--|--|
| No. C 161647 | | Due no later than Jul 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. J. MACMILLAN BRUCE, D.D.S., INC. JOHN M BRUCE IV 1744 N MITCHELL BOISE ID 83704 USA | | JOHN MACMILLAN BRUCE IV 1744 N MITCHELL BOISE ID 83704 | | | |
| | | | | | | 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 | |
| SECRETARY | RACHAEL K BRUCE | 1744 N. MITCHELL ST | BOISE | ID | USA | 83704 | |
| PRESIDENT | JOHN M BRUCE IV | 1744 N MITCHELL ST | BOISE | ID | USA | 83704 | |
| 5. Organized Under the Laws of: ID C 161647 | | 6. Annual Report must be signed.* Signature: Rachael Bruce Name (type or print): Rachael Bruce | | | | | |
| | | Date: 08/26/2011 Title: Secretary | | | | | |
| Processed 08/26/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |