

No. C 162851

Due no later than October 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

DENT SOLUTIONS, INC.
MICHAEL LADY
291 E SUNRISE RIM RD
NAMPA, ID 83686

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291 E SUNRISE RIME RD
NAMPA, ID 83686

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Michael Lady	291 E Sunrise Rim Rd	Nampa	ID	83686

5. Organized Under the Laws of:
IDAHO
C 162851

6.

Signature

Michael Lady

Date

8/19/08

Name

(Typed or Printed)

Michael Lady

Title

President/Owner