No. C 125385		Due no later than Aug 31, 2012 2. Registered Agent and Address (NO PO BOX)					PO BOX)
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. TRACY C. SAVAGE, D.D.S., P.C. TRACY C SAVAGE 1411 FILLMORE ST STE 602 TWIN FALLS ID 83301		1411 FILLMOI TWIN FALLS	TRACY C SAVAGE 1411 FILLMORE ST STE 602 TWIN FALLS ID 83301 3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ess Addresses of	President, Secretary, and Directors. Treasure	or (ontional)			
Office Held	Name	icss Addi csses of	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	TRACY C SAVAGE		1411 N. FILLMORE ST. STE. 602	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Tr	Date: 07/09/2012				
C 125385		Name (type o	Title: President				
Processed 07/09/2012 * Electronically provided signatures are accepted as original signatures.							