No. C 137071		Due no later than Jan 31, 2012 Annual Report Form 1. Mailing Address: Correct in this box if needed. NORTHWEST DENTAL CENTER, PA ROXANNA TODD 8300 NORTHVIEW ST BOISE ID 83704		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:					DON R COOK			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				BOISE ID	8300 NORTHVIEW ST BOISE ID 83704 3. New Registered Agent Signature:*			
NO FILING RECEIVED BY I	DUE DATE	Add	Decident Country and Director Tree	(adianal)				
Office Held	Names and Busin	ess addresses of	Fresident, Secretary, and Directors. Trea Street or PO Address	City	State	Country	Postal Code	
SECRETARY	DON R COC	OK D.D.S.	8300 NORTHVIEW ST.	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 137071		Signature: Don R. Cook			Date: 11/08/2011			
		Name (type o		Title: President				
Processed 11/08/2011		* Electronically provided signatures are accepted as original signatures.						