

|  |                    |   |       |  |         |             |  |
|--|--------------------|---|-------|--|---------|-------------|--|
| No. <b>C 179262</b>  |                    | <b>Due no later than Jul 31, 2010</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>   |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>MICHAEL SHIPP, DMD, P.A.<br>MICHAEL SHIPP, DMD<br>6085 N. EAGLE ROAD<br>BOISE ID 83713<br>USA |       | ROBERT F THOMAS<br>6085 N EAGLE RD<br>BOISE ID 83713 |         |             |  |
|  |                    |   |       | 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 |  |
| PRESIDENT  | MICHAEL SHIPP, DMD | 6085 N. EAGLE ROAD  | BOISE | ID   | USA     | 83713       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 179262</b>  |                    | 6. Annual Report must be signed.*<br>Signature: Timothy W. Tyree<br>Name (type or print): Timothy W. Tyree<br>Date: 05/26/2010<br>Title: General Counsel  |       |  |         |             |  |
| Processed 05/26/2010   |                    | * Electronically provided signatures are accepted as original signatures.   |       |  |         |             |  |