No. C 191823		D	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			INCORP SERVICES, INC.			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HALF DENTAL BOISE, INC. BRANDON DHAENENS 1212 N COLE RD BOISE ID 83704		BOISE ID USA	921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Names	s and Busin	ess Addresses of	President, Secretary, and Directors. Treas	surer (optional).				
Office Held N	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY B	BRANDON DHAENENS BRANDON DHAENENS BRANDON DHAENENS		1212 N COLE RD 1212 N COLE RD 1212 N COLE RD	BOISE BOISE BOISE	ID ID ID	USA USA USA	83704 83704 83704	
5. Organized Under the Laws of:		6. Annual Repo						
ID C 191823		Signature: Br		Date: 05/24/2012				
		Name (type or print): Brandon Dhaenens			Title: President			
Processed 05/24/2012	* Electronically provided signatures are accepted as original signatures.							