No. **C 136601**	**Due no later than Dec 31, 2008** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** JUSTIN C. CRESS, DDS, P.A. JUSTIN C CRESS 834 FALLS AVE STE 2030 TWIN FALLS ID 83301	JUSTIN C CRESS 3422 E 3944 N KIMBERLY ID 83301 3. New 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	JUSTIN C CRESS	834 FALLS AVE STE 2030	TWIN FALLS	ID	USA	83301
SECRETARY	RREBECCA L CRESS	3422 HARVEST MOON DRIVE	KIMBERLY	ID	USA	83341

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 136601**	Signature: Justin C Cress, DDS	Date: 01/07/2009
	Name (type or print): Justin C Cress, DDS	Title: President

Processed 01/07/2009

* Electronically provided signatures are accepted as original signatures.