

No. <b>C 143837</b>		Due no later than May 31, 2010 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> DONALD E. LARSON, DMD, P.C. DONALD E LARSON 5919 N LILYBROOK PL BOISE ID 83713		DONALD E LARSON 5919 N LILYBROOK PL 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	DONALD E LARSON	5919 N LILYBROOK PL	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 143837</b>		Signature: Tiffany Larson				Date: 03/12/2010	
		Name (type or print): Tiffany Larson				Title: Controller	
Processed 03/12/2010		* Electronically provided signatures are accepted as original signatures.					