

No. <b>C 158135</b>		<b>Due no later than Jan 31, 2011</b> <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>  KLINT R. KELLER, DDS, PC KLINT R. KELLER 203 7TH AVE SOUTH NAMPA ID 83651-3846		KLINT R. KELLER 203 7TH AVE SOUTH NAMPA ID 83651-3846			
						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	
SECRETARY	ELIZABETH E KELLER	203 7TH AVE. S.	NAMPA	ID	USA	83651-3846	
PRESIDENT	KLINT R KELLER	203 7TH AVE. S.	NAMPA	ID	USA	83651-3846	
5. Organized Under the Laws of:  <b>ID</b> <b>C 158135</b>		6. Annual Report must be signed.*  Signature: Sherrie Pruett Name (type or print): Sherrie Pruett Date: 01/12/2011 Title: Clinic Administrator					
Processed 01/12/2011 * Electronically provided signatures are accepted as original signatures.							