

No. C 99755		Due no later than Sep 30, 2009 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. DAVID M. MUNRO DDS, PA. DAVID MUNRO DDS PA 222 N 2ND STE 303 ANDERSON PLAZA BOISE ID 83702		DAVID M MUNRO 222 N 2ND AVE STE 303 ANDERSON PLAZA BOISE ID 83702			
						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	DAVID M MUNRO	222 N 2ND STE 303	BOISE	ID	USA	83702	
5. Organized Under the Laws of: ID C 99755		6. Annual Report must be signed.* Signature: David M. Munro DDS Name (type or print): David M. Munro DDS					
		Date: 07/16/2009 Title: President					
Processed 07/16/2009 * Electronically provided signatures are accepted as original signatures.							