No. <b>C 152258</b>		Due no later than Dec 31, 2012 Annual Report Form  1. Mailing Address: Correct in this box if needed.  DARON R. STEVENS, DDS, MS, P.C. DARON R STEVENS 12285 LANDAU WAY NAMPA ID 83686		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				119 S VALL NAMPA ID	DARON R STEVENS 119 S VALLEY DR STE E NAMPA ID 83686  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		acc Addrasses of Pr	ecident Secretary and Directors Treasure	urer (ontional)	(ontional)			
Office Held Name		css Addi csscs of TT	Street or PO Address	City	State	Country	Postal Code	
	DARON R STEVENS SHONNI STEVENS		119 S VALLEY DR, SUITE E 119 S VALLEY DR, SUITE E	nampa Nampa	ID ID	USA USA	83686 83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Shor		Date: 10/23/2012				
C 152258		Name (type or p		Title: Secretary				
Processed 10/23/2012	rocessed 10/23/2012 * Electronically provided signatures are accepted as original signatures.							