No. C 150665		Due no later than Sep 30, 2012		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DR DARRON H KELLEY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. DR. DARRON H. KELLEY, D.D.S., P.C. DARRON H KELLEY 35 S STATE PRESTON ID 83263			35 S STATE PRESTON ID 83263 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Name	es and Busin	ess Addresses of P	resident, Secretary, and Directors. Tre	easurer (op	otional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT DARRON H KEL		KELLEY	35 SOUTH STATE	ļ	PRESTON	ID	USA	83263
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Darron Kelley			Date: 07/12/2012			
C 150665		Name (type or print): Darron Kelley			Title: Tooth Driller			
Processed 07/12/2012 * Electronically provided signatures are accepted as original signatures.								