No. C 47713				2.	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. JOHNSON & SNOW DENTAL, P.A. BRENT R JOHNSON 1606 E. CENTER POCATELLO ID 83201			BRENT R JOHNSON 1606 E CENTER POCATELLO ID 83201 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Rusine		ness Addresses o	Fresident, Secretary, and Directors. Tre	easurer (on	tional)				
Office Held	Name	1000 / 1001 00000 0	Street or PO Address		City	State	Country	Postal Code	
SECRETARY	RANDALL C	SNOW	1606 E. CENTER ST.	Р	OCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Linda Kane			Date: 07/22/2010				
C 47713		Name (type or print): Linda Kane			Title: Finance Manager				
Processed 07/22/2010	rocessed 07/22/2010 * Electronically provided signatures are accepted as original signatures.								