No. **C 177816**	**Due no later than Mar 31, 2013** **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.** MERCY DENTAL INC. CHRISTELLE SKENANDORE 2056 ROANOKE DRIVE BOISE ID 83712-7529 USA	PETER JOHN SKENANDORE 2056 ROANOKE DRIVE BOSIE ID 83712-7529 3. New 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
DIRECTOR	ELIJAH BLAKE SKENANDORE	2056 ROANOKE DRIVE	BOISE	ID	USA	83712-7529
DIRECTOR	JOHN BRANDON SKENANDORE	2056 ROANOKE DRIVE	BOISE	ID	USA	83712-7521

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 177816**	Signature: Christelle Skenandore	Date: 01/29/2013
	Name (type or print): Christelle Skenandore	Title: Secretary

Processed 01/29/2013

* Electronically provided signatures are accepted as original signatures.