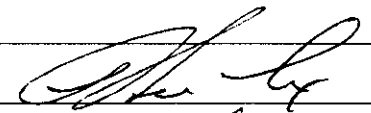


No. C 117989	Due no later than Jan 31, 2001		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		THOMAS U COX DDS																		
	1. Mailing Address - Correct in this box, if applicable		1212 N COLE RD																		
	THOMAS COX, D.D.S., P.A. THOMAS U COX 1212 N COLE RD		BOISE, ID 83704																		
	BOISE, ID 83704		3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" data-bbox="306 404 1815 600"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Thomas Cox</td> <td>1533 N Tuley 1212 N COLE</td> <td>Meridian BOISE</td> <td>ID.</td> <td>83612 83704</td> </tr> <tr> <td>Vice Pres.</td> <td>Lizbeth Cox</td> <td>1533 N Tuley 1212 N COLE</td> <td>Meridian BOISE</td> <td>ID.</td> <td>83612 83704</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Thomas Cox	1533 N Tuley 1212 N COLE	Meridian BOISE	ID.	83612 83704	Vice Pres.	Lizbeth Cox	1533 N Tuley 1212 N COLE	Meridian BOISE	ID.	83612 83704
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5. Organized Under the Laws of: IDAHO C 117989	6. Signature  Name (Typed or Printed) <u>Thomas Cox DDS</u> Date <u>11-9-09</u> Title: <u>President</u>																				