No. C 174110	Due no later than July 31, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	1. Mailing Address - Correct in this box, if applicable SUMMIT DENTAL CARE, P.C. BRYCE BARFUSS ~~1484 ANNY DR W~~ 142 River Vista Pl. ~~TWIN FALLS, ID 83301~~ Twin Falls, ID 83301	BRYCE BARFUSS ~~1484 ANNY DR W~~ 142 River Vista ~~TWIN FALLS, ID 83301~~ Twin Falls, ID 83301 3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
President	Bryce Barfuss	142 River Vista Pl.	Twin Falls	ID	83301

5. Organized Under the Laws of:	6.
IDAHO C 174110	Signature Bryce Barfuss Date 5/24/08 Name (Typed or Printed) Bryce Barfuss Title DDS

Issued 05/02/2008

Do Not Tape or Staple

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