No. <b>C 81782</b>		Due no later than Jul 31, 2009			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		D.H. "SKIP" PIERCE, D.D.S				
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.  D. H.  SKIP PIERCE  480 NORTH LATAH  BOISE ID 83706  USA		ed.	480 N. LATAH BOISE ID 83706  3. New Registered Agent Signature:*			
4. Corporations: Enter N	lames and Busin	ess Addresses of Presic	lent, Secretary, and Directors. Tre	easurer (	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
SECRETARY PRESIDENT	LINDA PIERCE DH "SKIP" PIERCE		480 NORTH LATAH 480 NORTH LATAH		BOISE BOISE	ID ID	USA USA	83706 83706
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 81782		Signature: Mamie L. Cary		Date: 06/10/2009				
		Name (type or print): Mamie L. Cary			Title: Bookkeeper			
Processed 06/10/2009		* Electronically provide	d signatures are accepted as origi	inal signa	atures.			