

No. <b>C 137121</b>	<b>Due no later than Jan 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> RIVER CITY DENTISTRY, A PROFESSIONAL CORPORATION DONNA S SCHAU DDS 1910 E SCHNEIDMILLER AVE STE B POST FALLS ID 83854		DONNA S SCHAU DDS 1910 E SCHNEIDMILLER AVE STE B POST FALLS ID 83854			
			3. <u>New</u> 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
PRESIDENT	DONNA SCHAU	1910 E SCHNEIDMILLER AVE SUITE B	POST FALLS	ID	USA	83854
5. Organized Under the Laws of:  <b>ID C 137121</b>		6. Annual Report must be signed.* Signature: DonnaSchau Name (type or print): DonnaSchau		Date: 01/30/2010 Title: President		
Processed 01/30/2010		* Electronically provided signatures are accepted as original signatures.				