

No. C 177816	Due no later than Mar 31, 2012 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. <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	
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: ID C 177816		6. Annual Report must be signed.* Signature: Christelle Skenandore Name (type or print): Christelle Skenandore			Date: 03/28/2012 Title: Secretary		
Processed 03/28/2012		* Electronically provided signatures are accepted as original signatures.					