

No. C 141876		Due no later than Dec 31, 2011		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. AIRO DENTAL HEALTH CARE, P.C. LON PECKHAM 102 WEST 11TH AVE STE C POST FALLS ID 83854		LON PECKHAM 102 WEST 11TH AVE STE C 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	LON PECKHAM	351 MOOSE MEADOW DRIVE	PRIEST RIVER	ID	USA	83856			
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID C 141876		Signature: Lon Peckham, DMD				Date: 01/10/2012			
		Name (type or print): Lon Peckham, DMD				Title: Pres/CEO			
Processed 01/10/2012		* Electronically provided signatures are accepted as original signatures.							

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