

No. C 129648		Due no later than Jul 31, 2010 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. ANDERSON FAMILY DENTISTRY, PROFESSIONAL CORPORATION ROBERT ANDERSON 380 WEST JUDICIAL BLACKFOOT ID 83221		ROBERT ANDERSON 380 WEST JUDICIAL BLACKFOOT ID 83221			
						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	
SECRETARY	LISA F ANDERSON	1234 YORK DRIVE	BLACKFOOT	ID	USA	83221	
PRESIDENT	ROBERT ANDERSON	380 WEST JUDICIAL	1234 YORK DRIVE	BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of: ID C 129648		6. Annual Report must be signed.* Signature: Robert Anderson Name (type or print): Robert Anderson					
		Date: 05/27/2010 Title: President					
Processed 05/27/2010		* Electronically provided signatures are accepted as original signatures.					