

No. C 156521		Due no later than Sep 30, 2009		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		Annual Report Form		ERIC L HAFF 200 N. 4TH SUITE 200 BOISE ID 83701		
		1. Mailing Address: Correct in this box if needed. CHILDREN'S FREE DENTAL CLINIC, INCORPORATED THOMAS R CURTIS 5299 LAKEMONT LANE BOISE ID 83714 USA		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	THOMAS R CURTIS	5299 LAKEMONT LANE	BOISE	ID	USA	83714
DIRECTOR	JOHN S KRIZ DDS	7235 W EMERALD ST STE B	BOISE	ID	USA	83704
DIRECTOR	JILL SHELTON WAGERS DMD	7265 W EMERALD ST STE B	BOISE	ID	USA	83704
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 156521		Signature: Thomas R. Curtis			Date: 08/16/2009	
		Name (type or print): Thomas R. Curtis			Title: Director	
Processed 08/16/2009		* Electronically provided signatures are accepted as original signatures.				