

No. C 149424		Due no later than May 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. KUNA DENTAL, P.C. DOUGLAS W CROFT 927 N LINDER KUNA ID 83834 USA		DOUGLAS WAYNE CROFT 927 N LINDER KUNA ID 83634			
						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	TAMMY CROFT	927 N LINDER RD	KUNA	ID	USA	83634	
PRESIDENT	DOUGLAS W CROFT	927 N LINDER	KUNA	ID	USA	83634	
5. Organized Under the Laws of: ID C 149424		6. Annual Report must be signed.* Signature: Tammy Croft Name (type or print): Tammy Croft					
		Date: 03/11/2010 Title: Secretary					
Processed 03/11/2010		* Electronically provided signatures are accepted as original signatures.					