

No. C 150024		Due no later than Jul 31, 2011		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 1. Mailing Address: Correct in this box if needed. ROBERT D. NIELSON, D.M.D., P.A. LORI R NIELSON 695 TIEBREAKER DR AMMON ID 83406		STEPHEN TELFORD 2635 CHANNING WY IDAHO FALLS ID 83404			
				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	ROBERT D NIELSON	695 TIEBREAKER DR	IDAHO FALLS	ID	USA	83406	
SECRETARY	LORI R NIELSON	695 TIEBREAKER DR	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of: ID C 150024		6. Annual Report must be signed.* Signature: Lori Nielson Name (type or print): Lori Nielson Date: 05/20/2011 Title: Office Manager					
Processed 05/20/2011		* Electronically provided signatures are accepted as original signatures.					