

No. <b>C 167701</b>	<b>Due no later than Jun 30, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> COTTONWOOD DENTAL CARE PA STUART D MARSHALL 180 S MAIN ST STE B2 DRIGGS ID 83422		STUART MARSHALL 180 S MAIN ST STE B2 DRIGGS ID 83422			
			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	CAMILLE E MARSHALL	180 S MAIN STE B2	DRIGGS	ID	USA	83422
PRESIDENT	STUART D MARSHALL	180 S MAIN STE B2	DRIGGS	ID	USA	83422
5. Organized Under the Laws of:  <b>ID C 167701</b>	6. Annual Report must be signed.* Signature: Stuart Marshall Name (type or print): Stuart Marshall		Date: 05/05/2011 Title: Owner			
Processed 05/05/2011		* Electronically provided signatures are accepted as original signatures.				