No. <b>C 138139</b>		Due no later than Mar 31, 2009		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DAVID G SMITH DDS			
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.  DAVID G. SMITH, D.D.S., P.C.  DAVID G SMITH DDS  715 SW THIRD ST  PO BOX 1026  FRUITLAND ID 83619			6775 BEATRICE DR FRUITLAND ID 83619  3. New Registered Agent Signature:*			
				3. <u>New</u> Register				
<ol><li>Corporations: Enter</li></ol>	Names and Busin	ess Addresses of F	resident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DAVID G SN	4ITH DDS	6775 BEATRICE DRIVE	FRUITLAND	ID	USA	83619	
SECRETARY	SHANNON K SMITH		6775 BEATRICE DRIVE	FRUITLAND	ID	USA	83619	
DIRECTOR	DAVID G SMITH DDS		6775 BEATRICE DRIVE	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: David G Smith			Date: 01/08/2009			
C 138139		Name (type or print): David G Smith			Title: President			
Processed 01/08/2009	)	* Electronically pr	ovided signatures are accepted as origina	al signatures.				