No. <b>C 177036</b>		Due no later than Feb 29, 2012	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  RYAN SPEIRS, D.M.D., P.A.  RYAN SPEIRS DMD  5213 W OVERLAND RD  BOISE ID 83705	5213 W C BOISE ID	RYAN SPEIRS DMD 5213 W OVERLAND RD BOISE ID 83705  3. New Registered Agent Signature:*			
RECEIVED B		ess Addresses of President, Secretary, and Directors. Tr	reasurer (optional).				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	RYAN SPEIR	S 5213 W OVERLAND RD	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Ryan Speirs		Date: 12/12/2011			
C 177036		Name (type or print): Ryan Speirs		Title: President			
Processed 12/12/20	11	* Electronically provided signatures are accepted as original	ginal signatures.	·			