| No. C 157209 | | Due no later than Nov 30, 2010 | | 2. | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------|--|--|--------------|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | | KEVIN M ELLIOTT | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. KEVIN M. ELLIOTT, DMD, PC KEVIN ELLIOTT PO BOX 2069 MCCALL ID 83638 | | | 327 DEINHARD LANE MCCALL ID 83638 3. New Registered Agent Signature:* | | | |
| NO FILIN RECEIVED BY | DUE DATE | pass Addresses o | f President, Secretary, and Directors. Tre | aggurer (ont | ional) | | | |
| Office Held | Name | iess Addi esses o | Street or PO Address | | ity | State | Country | Postal Code |
| PRESIDENT | KEVIN M E | LLIOTT | PO BOX 2069 | | CCALL | ID | USA | 83638 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 157209 | | Signature: Debbie Wikoff | | | Date: 09/08/2010 | | | |
| | | Name (type or print): Debbie Wikoff | | | Title: Authorized Agent | | | |
| Processed 09/08/201 | .0 | * Electronically | provided signatures are accepted as origi | inal signatu | res. | | | |