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|--|-----------------|---|----------|---|---------|-------------|--|
| No. C 157651 | | Due no later than Dec 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. S&S DENTAL, INC. RONALD G SHOEN 1443 W CARLTON MERIDIAN ID 83642 | | RONALD G SHOEN 1443 W CARLTON MERIDIAN ID 83642 | | | |
| | | | | 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 | |
| DIRECTOR | JAMEE L. ALLEN | 5673 COUNTRY ESTATE DR. | MARSING | ID | USA | 83639 | |
| TREASURER | JUDY R SHOEN | 1443 W. CARLTON AVE | MERIDIAN | ID | USA | 83642-1941 | |
| PRESIDENT | RONALD G. SHOEN | 1443 W. CARLTON AVE. | MERIDIAN | ID | USA | 83642-1941 | |
| 5. Organized Under the Laws of: ID C 157651 | | 6. Annual Report must be signed.* Signature: Ronald G Shoen Name (type or print): Ronald G Shoen Date: 01/09/2012 Title: President | | | | | |
| Processed 01/09/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |