

No. C 175197	Due no later than Sep 30, 2012 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. DR. DANCE, DENTISTRY FOR KIDS P.C. THOMAS DANCE 2537 MARCEILLE CT COEUR D'ALENE ID 83815 USA	THOMAS M DANCE 2537 MARCEILLE CT COEUR D'ALENE ID 83815
		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
PRESIDENT	THOMAS M DANCE	2537 MARCEILLE COURT
City	State	Country
COEUR D'ALENE	ID	USA
Postal Code	83815	
5. Organized Under the Laws of: ID C 175197	6. Annual Report must be signed.* Signature: Thomas DAnce Name (type or print): Thomas DAnce Date: 10/10/2012 Title: Owner	
Processed 10/10/2012 * Electronically provided signatures are accepted as original signatures.		