| No. C 146349 | Due no later than Nov 30, 2010 | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|---|-------|---------|-------------|
| Return to: | Annual Report Form | GRAHAM HILL | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | 2026 S EAGLE RD MERIDIAN ID 83642-6707 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | SILVERSTONE FAMILY DENTAL, P.C. GRAHAM HILL 2026 S EAGLE RD | | | | |
| | MERIDIAN ID 83642-6707 | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | |
| 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 |
| PRESIDENT GRAHAM H | IILL 2026 S EAGLE ROAD | MERIDIAN | ID | USA | 83642-6707 |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | |
| ID | Signature: Graham Hill | Date: 09/10/2010 | | | |
| C 146349 | Name (type or print): Graham Hill | Title: President | | | |
| Processed 09/10/2010 | * Electronically provided signatures are accepted as original signatures. | | | | |