

No. C 131040	Due no later than Nov 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. ADVANTAGE DENTAL CENTER, P.C. LESTER A RICHINS 100 W OVERLAND RD STE A MERIDIAN ID 83642 USA		LESTER A RICHINS 1040 S WHITEWATER DR NAMPA ID 83686			
			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
SECRETARY	TERESA A RICHINS	1040 S WHITEWATER DR	NAMPA	ID	USA	83686
PRESIDENT	LESTER A RICHINS	1040 S WHITEWATER DR	NAMPA	ID	USA	83686
5. Organized Under the Laws of: ID C 131040	6. Annual Report must be signed.* Signature: Lester A Richins Name (type or print): Lester A Richins		Date: 09/17/2012 Title: Pres			
Processed 09/17/2012		* Electronically provided signatures are accepted as original signatures.				