

No. C 181870		Due no later than Feb 28, 2013 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. MARKUSON FAMILY & COSMETIC DENTISTRY, INC KURT MARKUSON 13219 W PERSIMMON LN BOISE ID 83713 USA		KURT MARKUSON 13219 W PERSIMMON LN BOISE ID 83713			
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	KURT J MARKUSON	13219 W PERSIMMON LN	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID C 181870		6. Annual Report must be signed.* Signature: Kurt J. Markuson Name (type or print): Kurt J. Markuson					
		Date: 01/02/2013 Title: Owner/Dentist					
Processed 01/02/2013 * Electronically provided signatures are accepted as original signatures.							