No. **C 184616**	**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.** CHRIS KELSON DMD, MSD, PC CHRIS L KELSON 1354 N PRESTWICK WAY EAGLE ID 83616 USA	CHRIS L KELSON 1354 N PRESTWICK WAY EAGLE ID 83616 3. New 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
PRESIDENT	CHRIS L KELSON	1354 N PRESTWICK WAY	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 184616**	Signature: Christopher Kelson	Date: 09/18/2012
	Name (type or print): Christopher Kelson	Title: President

Processed 09/18/2012

* Electronically provided signatures are accepted as original signatures.