No. C 122955		Due no later than Feb 28, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		PEGGY J TREBILCOCK			
700 WEST JEFFERSON PEGG PO BOX 83720 PEGG POISE ID 83720-0080		1. Mailing Address: Correct in this box if needed. PEGGY J. TREBILCOCK, D.D.S., P.C. PEGGY J TREBILCOCK 2407 TEEPLES DR		2407 TEEPLES DR BLACKFOOT ID 83221			
	BLACKFOOT	BLACKFOOT ID 83221 USA		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names an	d Business Addresses	of President, Secretary, and Directors. Treas	surer (optional).				
Office Held Name	9	Street or PO Address	City	State	Country	Postal Code	
	Y J TREBILCOCK RIE KUNZE	2407 TEEPLES DR. 2407 TEEPLES DR.	BLACKFOOT BLACKFOOT	ID ID	USA USA	83221 83221	
5. Organized Under the Laws of	6. Annual Rep	6. Annual Report must be signed.*					
ID ID	Signature:	Signature: Peggy J. Trebilcock,DDS.PC		Date: 01/04/2013			
C 122955	Name (type	Name (type or print): Peggy J. Trebilcock,DDS.PC		Title: Dentist/President			
Processed 01/04/2013	* Electronically	* Electronically provided signatures are accepted as original signatures.					