No. **C 123304**	**Due no later than Mar 31, 2011** **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.** VINCENT L. WILLIAMS, D.M.D., P.A. VINCENT L. WILLIAMS 590 FALLS AVE TWIN FALLS ID 83301 USA	VINCENT L WILLIAMS DMD 590 FALLS AVE TWIN FALLS ID 83301 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
SECRETARY	FAY A. WILLIAMS	590 FALLS AVE	TWIN FALLS	ID	USA	83301
PRESIDENT	VINCENT L. WILLIAMS	590 FALLS AVE	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 123304**	Signature: Vincent L. Williams Name (type or print): Vincent L. Williams	Date: 01/21/2011 Title: President

Processed 01/21/2011

* Electronically provided signatures are accepted as original signatures.