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| No. C 166697 | | Due no later than May 31, 2012 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. ROBERT L. FACKRELL, D.D.S., P.A. ROBERT L. FACKRELL 358 N. GRANT AVE. POCATELLO ID 83204 | | ERIC L OLSEN 201 E CENTER POCATELLO ID 83201 | | | |
| | | | | 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 | CHERLYNN G. FACKRELL | 358 N. GRANT AVE. | POCATELLO | ID | USA | 83204 | |
| PRESIDENT | ROBERT L. FACKRELL | 358 N. GRANT AVE. | POCATELLO | ID | USA | 83204 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 166697 | | Signature: Lori Prussia | | | | Date: 05/29/2012 | |
| | | Name (type or print): Lori Prussia | | | | Title: Office Manager | |
| Processed 05/29/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |