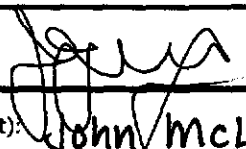
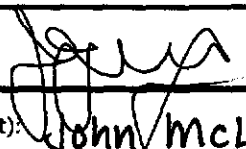
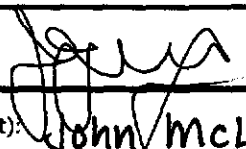


No. C 182311	Due no later than Mar 31, 2011 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) JOHN L MCLAUGHLIN 126 W 5TH AVE GOODING ID 83330
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CLOVER CREEK DENTAL, P.C. JOHN L MCLAUGHLIN 126 W 5TH AVE GOODING ID 83330 USA	3. <u>New</u> Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	John McLaughlin	1936 S 1800 E	Gooding	ID	US	83330
Secretary	Nancy McLaughlin	1836 S 1800 E	Gooding	ID	US	83330

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 182311</div>	6. <table style="width: 100%;"> <tr> <td style="width: 80%;"> Signature:  </td> <td style="width: 20%;"> Date: 02-01-11 </td> </tr> <tr> <td> Name (type or print): John McLaughlin </td> <td> Title: President </td> </tr> </table>	Signature: 	Date: 02-01-11	Name (type or print): John McLaughlin	Title: President
Signature: 	Date: 02-01-11				
Name (type or print): John McLaughlin	Title: President				

Issued 01/18/2011 by LJM 105179

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is