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|--|-------------------------|---|-------|---|---------|-------------|--|
| No. C 156521 | | Due no later than Sep 30, 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. CHILDREN'S FREE DENTAL CLINIC, INCORPORATED JOHN S KRIZ 2976 E. STATE STREET 120-53 EAGLE ID 83616 USA | | ERIC L HAFF 200 N. 4TH SUITE 200 BOISE ID 83701 | | | |
| | | | | 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 | |
| PRESIDENT | JOHN S KRIZ DDS | 7235 W EMERALD ST STE B | BOISE | ID | USA | 83704 | |
| DIRECTOR | JILL SHELTON WAGERS DMD | 7265 W EMERALD ST STE B | BOISE | ID | USA | 83704 | |
| SECRETARY | JERRY DAVIS | 13376 N. 3RD AVENUE | BOISE | ID | USA | 83714 | |
| 5. Organized Under the Laws of: ID C 156521 | | 6. Annual Report must be signed.* Signature: Donna Johnson Name (type or print): Donna Johnson Date: 10/25/2012 Title: Director | | | | | |
| Processed 10/25/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |