No. C 161628		Due no later than Jul 31, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. SHAUN CHRISTENSEN, D.M.D., P.C. SHAUN CHRISTENSEN 155 S MIDLAND BLVD NAMPA ID 83686 USA		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				155 S. MID NAMPA ID	SHAUN CHRISTENSEN 155 S. MIDLAND BLVD. NAMPA ID 83686 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nan Office Held	nes and Busin Name	ess Addresses of	President, Secretary, and Directors. Trea: Street or PO Address	surer (optional). City	State	Country	Postal Code	
SECRETARY PRESIDENT	TARY ANN CHRISTENSEN		155 S. MIDLAND BLVD. 155 S. MIDLAND BLVD.	NAMPA NAMPA	ID ID	USA USA	83686 83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 161628		Signature: Shaun Christensen Name (type or print): Shaun Christensen			Date: 05/18/2011 Title: President			
Processed 05/18/2011 * Electronically provided signatures are accepted as original signatures.								