No. <b>C 165271</b>		Due no later than Feb 28, 2010		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		TRAVIS BOYER				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  IDEAL DENTAL, P.A.  TRAVIS BOYER  329 E LOGAN  CALDWELL ID 83605			329 E LOGAN CALDWELL ID 83605  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA	JSA					
4. Corporations: Enter Nar	mes and Busin	ess Addresses of I	President, Secretary, and Directors. Tre	easurer (d	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
SECRETARY	RACHEL M	BOYER	329 E LOGAN		CALDWELL	ID	USA	83605
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Travis Boyer			Date: 12/16/2009			
C 165271		Name (type or print): Travis Boyer			Title: Owner			
Processed 12/16/2009 * Electronically provided signatures are accepted as original signatures.								