

No. C 153280	Due no later than Feb 28, 2010 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. FOUR SEASON DENTAL, P.C. KIM SMITH 115 E CHAPEL RD POCATELLO ID 83201 USA	KIM SMITH 115 E CHAPEL RD 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
PRESIDENT	KIM SMITH	115 E. CHAPEL RD.
City	State	Country
POCATELLO	ID	USA
Postal Code	83201	
5. Organized Under the Laws of: ID C 153280	6. Annual Report must be signed.* Signature: R. Kim Smith DDS Name (type or print): R. Kim Smith DDS Date: 12/22/2009 Title: Owner	
Processed 12/22/2009 * Electronically provided signatures are accepted as original signatures.		