

No. C 126497		Due no later than Dec 31, 2011 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		1. Mailing Address: Correct in this box if needed. JOHN J. JOHNSON, D.D.S., P.C. JOHN J JOHNSON DDS 3510 12TH ST STE 600 LEWISTON ID 83501		JOHN J JOHNSON DDS 3510 12TH ST STE 600 LEWISTON ID 83501			
NO FILING FEE IF RECEIVED BY DUE DATE				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 J JOHNSON	409 21ST AVENUE	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID C 126497		6. Annual Report must be signed.* Signature: John J. Johnson Name (type or print): John J. Johnson Date: 10/11/2011 Title: Owner					
Processed 10/11/2011 * Electronically provided signatures are accepted as original signatures.							