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|--|------------------|---|-------|---|---------|------------------|--|
| No. C 152258 | | Due no later than Dec 31, 2010 | | 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. DARON R. STEVENS, DDS, MS, P.C. DARON R. STEVENS 2101 SOUTH PREAKNESS WAY NAMPA ID 83686 | | DARON R. STEVENS 119 S VALLEY DR STE E NAMPA ID 83686 | | | |
| | | | | 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 | DARON R. STEVENS | 119 S VALLEY DR, SUITE E | NAMPA | ID | USA | 83686 | |
| SECRETARY | SHONNI STEVENS | 119 S VALLEY DR, SUITE E | NAMPA | ID | USA | 83686 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 152258 | | Signature: Shonni Stevens | | | | Date: 10/08/2010 | |
| | | Name (type or print): Shonni Stevens | | | | Title: Secretary | |
| Processed 10/08/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | |