

No. <b>C 62343</b>	<b>Due no later than Oct 31, 2010</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  GALEN K. HAAS, D.D.S., P.A. GALEN K HAAS 1639 23RD AVE. LEWISTON ID 83501	GALEN K HAAS 1639 23RD AVE LEWISTON ID 83501  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	GALEN K HAAS	515 CRESTLINE CIRCLE CT.	LEWISTON	ID	USA	83501
5. Organized Under the Laws of:  <b>ID C 62343</b>	6. Annual Report must be signed.* Signature: Galen Haas Name (type or print): Galen Haas		Date: 08/08/2010 Title: Pres.			
Processed 08/08/2010		* Electronically provided signatures are accepted as original signatures.				