

No. <b>C 161011</b>		<b>Due no later than Jun 30, 2009</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> MAGIC VALLEY FAMILY DENTAL, PC 1408 POMERELLE AVE SUITE A BURLEY ID 83318 USA		NEAL JOHNSON 115 WEST 100 SOUTH RUPERT ID 83350			
				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	NEAL L JOHNSON	1408 POMERELLE AVE SUITE A	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 161011</b>		Signature: Neal Johnson				Date: 07/14/2009	
		Name (type or print): Neal Johnson				Title: Owner	
Processed 07/14/2009		* Electronically provided signatures are accepted as original signatures.					