

No. C 159034		Due no later than Feb 29, 2008		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. MEDARIS DENTISTRY, P.C. BRYAN R MEDARIS DDS 12231 W CARIBEE INLET DR STAR ID 83669		BYRAN R MEDARISDDS 12231W CARIBEC INLETDR STAR ID 83669			
				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	
SECRETARY	KELLI K MEDARIS	12231 W. CARIBEE INLET DR.	STAR	ID	USA	83669	
PRESIDENT	BRYAN R MEDARIS	12231 W. CARIBEE INLET DR	STAR	ID	USA	83669	
5. Organized Under the Laws of: ID C 159034		6. Annual Report must be signed.* Signature: Bryan R Medaris Name (type or print): Bryan R Medaris Date: 03/07/2008 Title: President					
Processed 03/07/2008		* Electronically provided signatures are accepted as original signatures.					