

No. C 144212	Due no later than Jun 30, 2012 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. PAUL LLOYD HANSEN, DDS, PA PAUL L HANSEN PO BOX 458 625 W BRIDGE ST BLACKFOOT ID 83221		PAUL HANSEN 625 W BRIDGE ST BLACKFOOT ID 83221			
			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	KRISTEN T HANSEN	1363 JUSTA CIR	BLACKFOOT	ID	USA	83221
PRESIDENT	PAUL L HANSEN	1363 JUSTA CIR	BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of: ID C 144212	6. Annual Report must be signed.* Signature: Paul Hansen Name (type or print): Paul Hansen		Date: 04/19/2012 Title: Manager			
Processed 04/19/2012		* Electronically provided signatures are accepted as original signatures.				