No. C 74778		Due no later than Jan 31, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. OWYHEE FAMILY DENTAL CENTER, P.A. WILLIAM G JEPPE, JR P.O. BOX 1170		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				115 SOUTH	WILLIAM G JEPPE, JR. 115 SOUTH MAIN STREET HOMEDALE ID 83628			
NO FILING FEE IF RECEIVED BY DUE DATE		HOMEDALE			3. New Registered Agent Signature:*			
2000 00 00		ess Addresses c	of President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
	MICHELLE A JEPPE WILLIAM G JEPPE, JR		PO BOX 1170 PO BOX 1170	HOMEDALE HOMEDALE	ID ID	USA USA	83628 83628	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 74778		Signature: Michelle Jeppe Date: 11/15/2012						
		Name (type	or print): Michelle Jeppe		Title: Secretary			
Processed 11/15/2012	* Electronically provided signatures are accepted as original signatures.							