No. <b>C 152943</b>	Due no later than Feb 28, 2010	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	Annual Report Form  1. Mailing Address: Correct in this box if needed.  KEITH W. NANCE, DDS, P.C.  SHASTA L OLSON  1722 MAIN ST  ST AMRIES ID 83861	1722 MAIN S ST AMRIES	KEITH W NANCE 1722 MAIN ST ST AMRIES ID 83861  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Bi	USA siness Addresses of President, Secretary, and Directors. Treasure	er (ontional)				
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT KEITH W	NANCE 1722 MAIN AVENUE	ST. MARIES	ID	USA	83861	
5. Organized Under the Laws of:  ID  C 152943	6. Annual Report must be signed.* Signature: Keith W. Nance, DDS, PC Name (type or print): Keith W. Nance, DDS, PC		Date: 03/08/2010 Title: President/Owner			
Processed 03/08/2010	* Electronically provided signatures are accepted as original si	ectronically provided signatures are accepted as original signatures.				