No. C 166302	Due no l	2. Registered Agent and Address (NO PO BOX)				
Return to: Ann		ual Report Form	JOHN C MA	JOHN C MATUNAS		
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. DENTAL FOUNDATION, INC. JOHN C MATUNAS 8000 USTICK RD BOISE ID 83704-5751		8000 USTICK RD BOISE ID 83704-5751 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Names and Busin	ness Addresses of Preside	ent, Secretary, and Directors. Treasurer	(optional).			
Office Held Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR DR JOHN S KRIZ		5543 WEST SCHOOL RIDGE ROAD	BOISE	ID	USA	83714
	L GEORGE	1046 WALLEN RD	MOSCOW	ID	USA	83843
PRESIDENT DR JOHN C	MATUNAS	8000 USTICK ROAD	BOISE	ID	USA	83704-5751
5. Organized Under the Laws of: 6. Annual Report must be		be signed.*				
ID	ID Signature: John C. Matunas		Date: 02/11/2010			
C 166302 Name (type or print):		: John C. Matunas	Title: President			
Processed 02/11/2010	* Electronically provided signatures are accepted as original signatures.					