

No. C 160678		Due no later than May 31, 2013 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. TOOTH ACRES DENTAL, INC. SHAD R HELM 105 E 10TH AVE STE B POST FALLS ID 83854		SHAD HELM 105 E 10TH AVE STSE #B POST FALLS ID 83854			
						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	KATHRYN HELM	105 E 10TH AVE STE B	POST FALLS	ID	USA	83854	
PRESIDENT	SHAD R HELM	105 E 10TH AVE STE B	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: ID C 160678		6. Annual Report must be signed.* Signature: Shad R. Helm Name (type or print): Shad R. Helm					
		Date: 06/11/2013 Title: President					
Processed 06/11/2013		* Electronically provided signatures are accepted as original signatures.					