No. C 146873	Due no later than Dec 31, 20	
Return to:	Annual Report Form	DAVID M HENINGER
SECRETARY OF STATE	1. Mailing Address: Correct in this box	x if needed. 3375 MERLIN DRIVE IDAHO FALLS ID 83404
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	DAVID HENINGER, DDS, PC DAVID M HENINGER 3375 MERLIN DR	IDANO FALLS ID 65404
	IDAHO FALLS ID 83404	3. New Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE		
4. Corporations: Enter Names and Busin	ess Addresses of President, Secretary, and Dire	ectors. Treasurer (optional).
Office Held Name	Street or PO Address	s City State Country Postal Code
SECRETARY KATHY G. H	HENINGER 7733 S. 8 W.	IDAHO FALLS ID USA 83402
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Kathy Heninger	Date: 10/27/2009
C 146873	Name (type or print): Kathy Heninger	Title: Secretary
Processed 10/27/2009 * Electronically provided signatures are accepted as original signatures.		