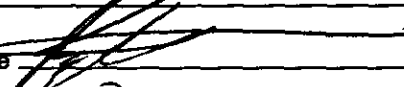


No. C 113182	Due no later than December 31, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable DENT PRO OF IDAHO, INC. RAY SANTUCCI 7545 S EISENMAN RD BOISE, ID 83716	RAY SANTUCCI 3725 EAGLE RD STE 344 EAGLE, ID 83616 3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Ray Santucci	7545 S. Eisenman rd	Boise	ID	83716
Secretary	Lina Santucci	7545 S. Eisenman rd	Boise	ID	83716

5. Organized Under the Laws of: IDAHO C 113182	6. Signature  Name (Typed or Printed) <u>Ray Santucci</u> Date <u>10/13/08</u> Title <u>President</u>
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