

No. C 126780	Due no later than Dec 31, 2008 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. PREMIER DENTAL CARE, P.C. THOMAS T ANDERSON PO BOX 51330 IDAHO FALLS ID 83404		THOMAS T. ANDERSON 2685 CHANNING WAY IDAHO FALLS ID 83404			
			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
PRESIDENT	THOMAS T ANDERSON	2685 CHANNING WAY	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID C 126780	6. Annual Report must be signed.* Signature: Kevin C Koplin Name (type or print): Kevin C Koplin		Date: 10/23/2008 Title: Cpa			
Processed 10/23/2008		* Electronically provided signatures are accepted as original signatures.				