| No. C 114764 | | Due no later than Apr 30, 2010 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------------|--|---|--------------------|--|----------------|----------------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. NORTH COLLEGE DENTAL, P.C. MARNI PETERSON 1411 N FILLMORE ST STE 601 | | 1411 N FILLM | KENNETH E PATTERSON 1411 N FILLMORE ST STE 601 TWIN FALLS ID 83301 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | TWIN FALLS ID 83301 USA | | | 3. New Registered Agent Signature:* | | | |
| | | less Addresses of P | resident, Secretary, and Directors. Treas | | Ctata | Country | Doctal Code | |
| Office Held DIRECTOR | Name KENNETH E | PATTERSON | Street or PO Address 3082 BOEHM ESTATES DR | City TWIN FALLS | State ID | Country USA | Postal Code 83301 | |
| 5. Organized Under the Laws of: ID C 114764 | | 6. Annual Report must be signed.* Signature: Marni Peterson Name (type or print): Marni Peterson | | | Date: 02/22/2010 Title: Office Manager | | | |
| Processed 02/22/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |