No. C 154711		Due no later than May 31, 2011	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	SHON ROOKS 1110 S WASHINGTON AVE EMMETT ID 83617 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BLACK CANYON DENTAL, PC SHON ROOKS 1110 S WASHINGTON AVE EMMETT ID 83617				
NO FILIN RECEIVED BY	OUE DATE	ess Addresses of President, Secretary, and Directors. Treasurer	(optional)			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	SHON D ROO	OKS 989 WALKER TRAIL	EMMETT	ID	USA	83617
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 154711		Signature: Shon Rooks	Date: 04/25/2011			
		Name (type or print): Shon Rooks	Title: President			
Processed 04/25/201	11	* Electronically provided signatures are accepted as original sign	natures.			