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|---|---------------------|--|-------|--|---------|-------------|--|
| No. C 159008 | | Due no later than Feb 28, 2011 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 | | 1. Mailing Address: Correct in this box if needed. ALLAN W STEVENSON DDS, PC ALLAN W STEVENSON PO BOX 420 PARMA ID 83660 USA | | ALLAN STEVENSON 205 W HWY 95 PARMA ID 83660 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | ALLAN W STEVENSON | 1101 C ST PO BOX 420 | PARMA | ID | USA | 83660 | |
| SECRETARY | REGGIE J. STEVENSON | 1101 C ST. PO BOX 420 | PARMA | ID | USA | 83660 | |
| 5. Organized Under the Laws of: ID C 159008 | | 6. Annual Report must be signed.* Signature: Allan W. Stevenson Name (type or print): Allan W. Stevenson | | | | | |
| | | Date: 02/15/2011 Title: President | | | | | |
| Processed 02/15/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |