No. **C 159034**	**Due no later than Feb 28, 2010**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** MEDARIS DENTISTRY, P.C. BRYAN R MEDARIS DDS 12231 W CARIBEE INLET DR STAR ID 83669	BYRAN R MEDARIS DDS 12231 W CARIBEC INLET DR STAR ID 83669 3. New 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
SECRETARY	KELLI K MEDARIS	12231 W. CARIBEE INLET DR.	STAR	ID	USA	83669
PRESIDENT	BRYAN R MEDARIS	12231 W. CARIBEE INLET DR	STAR	ID	USA	83669

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 159034**	Signature: Bryan R Medaris	Date: 12/20/2009
	Name (type or print): Bryan R Medaris	Title: President

Processed 12/20/2009

* Electronically provided signatures are accepted as original signatures.