No. <b>C 47895</b>	Di	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form			MONTY SHORT 2003 S PLAZA RD STE A EMMETT ID 83617  3. New Registered Agent Signature:*			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  COUGAR POINT DENTAL ARTS, INC.  MONTY SHORT  2003 E QUAIL RUN RD #A  EMMETT ID 83617						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO EL DICITE IE			3. <u>New</u> Registe				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Busin	ness Addresses of	President, Secretary, and Directors. Trea	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT MONTY P SHORT		4575 HILLVIEW RD.	EMMETT	ID	USA	83617	
SECRETARY RACHEL N HOLFORD		1113 VANITY PEAK	EMMETT	ID	USA	83617	
TREASURER ELI A SHOF	EASURER ELI A SHORT		EAGLE	ID	USA	83713	
5. Organized Under the Laws of: 6. Annual Report		t must be signed.*					
<b>ID</b> Signature: 1		lonty P. Short Date: 08/05/2010					
C 47895	Name (type o	Name (type or print): Monty P. Short		Title: Pres.			
Processed 08/05/2010	* Electronically provided signatures are accepted as original signatures.						