| No. C 129929 | | Due no later than Aug 31, 2008 | | 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. DENNIS J. MICHAELSON, DMD, MS, P.A. DENNIS J. MICHAELSON 2271 OVERLAND AVE STE 4 BURLEY ID 83318 | | DENNIS J MICHAELSON 2271 OVERLAND AVE STE 4 BURLEY ID 83318 3. New Registered Agent Signature:* | | | | |
| | | | | | | | | |
| | | | | 4. Corporations: Enter Names a | and Busin | ess Addresses of I | President, Secretary, and Directors. Tr | easurer (|
| Office Held Nar | me | | Street or PO Address | | City | State | Country | Postal Code |
| DIRECTOR DEN | NNIS J. N | /ICHAELSON | 2271 OVERLAND AVE STE 4 | | BURLEY | ID | USA | 83318 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Alison Taylor | | Date: 09/11/2008 | | | | |
| C 129929 | | Name (type or print): Alison Taylor | | | Title: Financial Coordinator | | | |
| Processed 09/11/2008 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |