| No. <b>C 165271</b>  |          | Due no later than Feb 29, 2012 Annual Report Form  1. Mailing Address: Correct in this box if needed.  IDEAL DENTAL, P.A. TRAVIS L BOYER 716 YELLOWSTONE AVE POCATELLO ID 83201 USA  ness Addresses of President, Secretary, and Directors. Treasurer ( |  | 2          | 2. Registered Agent and Address (NO PO BOX)  TRAVIS BOYER 716 YELLOWSTONE POCATELLO ID 83201  3. New Registered Agent Signature:* |       |         |             |
|--|----------|---|--|------------|---|-------|---------|-------------|
| Return to:   |          |   |  |            |   |       |         |             |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |          |   |  |            |   |       |         |             |
| NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine   |          |   |  | asurer (or |   |       |         |             |
| Office Held  | Name     | 1033 / 1001 03303 01 1  | Street or PO Address                     |            | City  | State | Country | Postal Code |
| SECRETARY  | RACHEL M | BOYER   | 716 YELLOWSTONE                          |            | POCATELLO   | ID    | USA     | 83201       |
| 5. Organized Under the Laws of:  |          | 6. Annual Report must be signed.*   |  |            |   |       |         |             |
| ID<br>C 165271   |          | Signature: Travis Boyer   |  |            | Date: 02/22/2012  |       |         |             |
|  |          | Name (type or print): Travis Boyer  |  |            | Title: Owner  |       |         |             |
| Processed 02/22/2012   | 2        | * Electronically pr   | ovided signatures are accepted as origin | nal signat | ures.   |       |         |             |