| No. <b>C 137149</b> Return to:   |                       | Due no later than Jan 31, 2012 Annual Report Form  |  | 2. Registered Ag   | 2. Registered Agent and Address (NO PO BOX)  BRET MOOSO DDS  1580 ELK CREEK DR  IDAHO FALLS ID 83404 |         |             |  |
|--|-----------------------|--|--|--------------------|--|---------|-------------|--|
|  |                       |  |  | BRET MOOSO         |  |         |             |  |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                       | 1. Mailing Address: Correct in this box if needed.  BRET MOOSO, D.D.S., M.S., P.A.  BRET E MOOSO  1580 ELK CREEK DR  IDAHO FALLS ID 83404  USA |  | u.                 |  |         |             |  |
|  |                       |  |  | IDAHO FALLS        |  |         |             |  |
|  |                       |  |  | 3. New Register    | 3. New Registered Agent Signature:*  |         |             |  |
|  |                       |  |  |                    |  |         |             |  |
| 4. Corporations: Ent   | er Names and Busine   | ess Addresses of   | President, Secretary, and Directors. Tre | asurer (optional). |  |         |             |  |
| Office Held  | Name                  |  | Street or PO Address                     | City               | State  | Country | Postal Code |  |
| PRESIDENT  | RESIDENT BRET E MOOSO |  | 1580 ELK CREEK DR                        | IDAHO FALLS        | ID   | USA     | 83404       |  |
| 5. Organized Under the Laws of:  |                       | 6. Annual Report must be signed.*  |  |                    |  |         |             |  |
| ID<br>C 137149   |                       | Signature: Michael Pryor   |  |                    | Date: 11/29/2011   |         |             |  |
|  |                       | Name (type o   |  | Title: Acct.       |  |         |             |  |
| Processed 11/29/20   | 11                    | * Electronically p   | rovided signatures are accepted as origi | nal signatures.    |  |         |             |  |