

No. C 166302		Due no later than Apr 30, 2011 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. IDAHO DENTAL FOUNDATION, INC. JOHN C MATUNAS 8000 USTICK RD BOISE ID 83704-5751		JOHN C MATUNAS 8000 USTICK RD BOISE ID 83704-5751			
						3. <u>New</u> 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	
DIRECTOR	DR JOHN S KRIZ	5543 WEST SCHOOL RIDGE ROAD	BOISE	ID	USA	83714	
DIRECTOR	DR RICHARD L GEORGE	1046 WALLEN RD	MOSCOW	ID	USA	83843	
PRESIDENT	DR JOHN C MATUNAS	8000 USTICK ROAD	BOISE	ID	USA	83704-5751	
5. Organized Under the Laws of: ID C 166302		6. Annual Report must be signed.* Signature: Dr John C Matunas Name (type or print): Dr John C Matunas Date: 02/23/2011 Title: President					
Processed 02/23/2011 * Electronically provided signatures are accepted as original signatures.							