

No. <b>C 76508</b>		Due no later than Aug 31, 2009 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> KIRBY CLENDENON, D.D.S., A PROFESSIONAL CORPORATION KIRBY CLENDENON KIRBY L. CLENDENON, DDS, APC 1711 S. TENTH AVENUE CALDWELL ID 83605 USA		KIRBY CLENDNON, D.D.S. 1711 SOUTH 10TH AVENUE CALDWELL ID 83605			
				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	
PRESIDENT	KIRBY L. CLENDENON	1711 S. 10TH AVENUE	CALDWELL	ID	USA	83605	
SECRETARY	KIRBY L. CLENDENON	1711 S. 10TH AVENUE	CALDWELL	ID	USA	83605	
TREASURER	KIRBY L. CLENDENON	1711 S. 10TH AVENUE	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of:  <b>NV C 76508</b>		6. Annual Report must be signed.* Signature: Kirby L. Clendenon DDS Name (type or print): Kirby L. Clendenon DDS					
Processed 06/09/2009		Date: 06/09/2009 Title: President					
* Electronically provided signatures are accepted as original signatures.							