

| No. C 76508 | | Due no later than Aug 31, 2009 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. KIRBY CLENDENON, D.D.S., A PROFESSIONAL CORPORATION KIRBY CLENDENON KIRBY L. CLENDENON, DDS, APC 1711 S. TENTH AVENUE CALDWELL ID 83605 USA | | KIRBY CLENDENON, D.D.S. 1711 SOUTH 10TH AVENUE CALDWELL ID 83605 | | | | |
| 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: NV C 76508 | | 6. Annual Report must be signed.* Signature: Kirby L. Clendenon DDS Name (type or print): Kirby L. Clendenon DDS | | | | | | Date: 06/09/2009 Title: President |
| Processed 06/09/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |