No. <b>C 64203</b>		Due no later than Jun 30, 2009 Annual Report Form		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:				0.0000000000000000000000000000000000000	HERMAN T. SAKIMOTO, DDS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.			3611 S 10TH AVE CALDWELL ID 83605			
		HERMAN T. SAKIMOTO, D.D.S., P.A. HERMAN T. SAKIMOTO, DDS 3611 S 10TH AVE CALDWELL ID 83605 USA		CALDWELL	CALDWELL ID 63605			
				3. <u>New</u> Regis	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter N	Names and Busin	ess Addresses of P	resident, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	HERMAN T	SAKIMOTO	3611 S. 10TH AVE	CALDWELL	ID	USA	83605	
SECRETARY	ARDYCE SAKIMOTO		3611 S. 10TH AVE	CALDWELL	ID	USA	83605	
PRESIDENT	HERMAN T	SAKIMOTO	3611 S. 10TH AVE	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 64203		Signature: Herman T. Sakimoto Date: 06/01/2009					)	
		Name (type or print): Herman T. Sakimoto			Title: President			
Processed 06/01/2009		* Electronically provided signatures are accepted as original signatures.						