No. C 170741		Due no later than Jan 31, 2011		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. SANDPOINT FAMILY DENTISTRY, INC. 1310 PONDEROSA DR SANDPOINT ID 83864		464 RAVEN SANDPOINT	KEVIN B JOHNSON 464 RAVENWOOD LANE SANDPOINT ID 83864 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ess Addresses of	FPresident, Secretary, and Directors. Treasi	urer (ontional)				
Office Held	Name	C55 / (dd. C55C5 C)	Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT	CARLA J JOHNSON KEVIN B JOHNSON		464 RAVENWOOD LANE 464 RAVENWOOD LANE	SANDPOINT SANDPOINT	ID ID	USA USA	83864 83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kevin Johnson			Date: 01/18/2011			
C 170741		Name (type o		Title: President				
Processed 01/18/2011	* Electronically provided signatures are accepted as original signatures.							