No. C 160678	Due no later than May 31, 2012				
Return to:	Annual Report Form	SHAD HELM			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	105 E 10TH AVE STSE #B			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TOOTH ACRES DENTAL, INC. SHAD R HELM 105 E 10TH AVE STE B	POST FALLS ID 83854 3. New Registered Agent Signature:*			
	POST FALLS ID 83854				
NO FILING FEE IF RECEIVED BY DUE DATE					
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
SECRETARY KATHRYN H		POST FALLS	ID	USA	83854
PRESIDENT SHAD R HE	ELM 105 E 10TH AVE STE B	POST FALLS	ID	USA	83854
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Shad R Helm	Date: 03/19/2012			
C 160678	Name (type or print): Shad R Helm Title: Owner				
Processed 03/19/2012	* Electronically provided signatures are accepted as original signatures.				