No. **C 160678**	**Due no later than May 31, 2011** **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.** TOOTH ACRES DENTAL, INC. SHAD R HELM 105 E 10TH AVE STE B POST FALLS ID 83854	SHAD HELM 105 E 10TH AVE STSE #B POST FALLS ID 83854 3. New 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
SECRETARY	KATHRYN HELM	105 E 10TH AVE STE B	POST FALLS	ID	USA	83854
PRESIDENT	SHAD R HELM	105 E 10TH AVE STE B	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 160678**	Signature: Tarena Wadsworth	Date: 06/06/2011
	Name (type or print): Tarena Wadsworth	Title: General Manager

Processed 06/06/2011

* Electronically provided signatures are accepted as original signatures.