No. C 148394	Due	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form			JOHN A SIMPSON			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. JOHN A SIMPSON, D.D.S., P.C. JOHN A SIMPSON 502 8TH STREET RUPERT ID 83350-1417			502 8TH STREET RUPERT ID 83350-1417			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			ROPERT ID	KUPERT ID 63350-1417			
			3. New Register	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
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 JOHN A SIN	MPSON DDS	502 8TH STREET	RUPERT	ID	USA	83350-1417	
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	Signature: Joh		Date: 01/12/2012				
C 148394	Name (type or		Title: President				
Processed 01/12/2012	* Electronically provided signatures are accepted as original signatures.						