

No. C 154597		Due no later than May 31, 2012 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. KOOTENAI FAMILY DENTAL, P.A. MARC WALLACE 1420 LINCOLN WAY STE 200 COEUR D ALENE ID 83814 USA		MARC WALLACE 1420 LINCOLN WAY STE 200 COEUR D'ALENE ID 83814	
				3. <u>New</u> 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
PRESIDENT	ROBERT L WILDER	1420 LINCOLN WAY STE 200	COEUR D ALENE	ID	USA 83814
5. Organized Under the Laws of: ID C 154597		6. Annual Report must be signed.* Signature: Mia Davis Name (type or print): Mia Davis Date: 03/15/2012 Title: Office Manager			
Processed 03/15/2012		* Electronically provided signatures are accepted as original signatures.			