No. C 149982					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. MARK C LAMBERT DMD P.C. MARK C LAMBERT 1036 SKYLINE DR TWIN FALLS ID 83301 MARK C LAMBERT 1415 N FILLMORE STE 701 TWIN FALLS ID 83301 3. New Registered Agent Signature		d. 1415	1415 N FILLMORE STE 701			
				3. <u>New</u> R				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Ente	er Names and Busin	ess Addresses of	President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	9	State	Country	Postal Code
PRESIDENT	MARK C LA	MBERT	1036 SKYLINE DR	TWIN F	ALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 149982		Signature: Mark C Lambert			Date: 06/27/2009			
		Name (type or print): Mark C Lambert			Title: President			
Processed 06/27/200	09	* Electronically provided signatures are accepted as original signatures.						