No. <b>C 177816</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MERCY DENTAL INC. CHRISTELLE SKENANDORE 167 W INDIAN ROCKS ST		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				167.14/ TNIDI	PETER JOHN SKENANDORE  167 W INDIAN ROCKS ST  MERIDIAN ID 83646-4981  3. New Registered Agent Signature:*			
				MERIDIAN				
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Regist				
4. Corporations: Enter Name	es and Busir	ess Addresses of Pres	ident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ELIJAH BLAI	KE SKENANDORE	167 W INDIAN ROCKS ST	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Christe		Date: 02/19/2010				
C 177816		Name (type or pri		Title: Sectretary				
Processed 02/19/2010	* Electronically provided signatures are accepted as original signatures.							