No. C 138664		Due no later than Apr 30, 2009 Annual Report Form 1. Mailing Address: Correct in this box if needed. COMPLETE FAMILY DENTISTRY, P.A. LAUREN A YUN 467 S RIVERSHORE LN EAGLE ID 83616 USA Dess Addresses of President, Secretary, and Directors. Treasurer of		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				467 S RIVE EAGLE ID	BRAD J WILLIAMS 467 S RIVERSHORE LN EAGLE ID 83616 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter	r Names and Busin Name	ess addresses of P	resident, Secretary, and Directors. Treasi Street or PO Address	urer (optional). City	State	Country	Postal Code	
SECRETARY PRESIDENT	LAUREN A `BRAD J WII		467 S. RIVERSHORE LANE 467 S. RIVERSHORE LANE	EAGLE EAGLE	ID ID	USA USA	83616 83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.* Signature: Lauren A. Yun Date: 04/17/2009						
C 138664		Name (type or print): Lauren A. Yun			Title: Secretary			
Processed 04/17/2009)	* Electronically pro	ovided signatures are accepted as origina	l signatures.				