No. <b>C 167059</b>				2. Registered A	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. PAXTON, D.D.S., P.S.  JUDITH BLOTSKY RANDALL & DANSKIN  601 W RIVERSIDE STE 1500  SPOKANE WA 99201		5112 E TWIL POST FALLS	KEITH BROWN 5112 E TWILA COURT POST FALLS ID 83854  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		ess Addresses of	President, Secretary, and Directors. Treasi	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MARK C PA	XTON	12109 E BROADWAY BLDG C	SPOKANE	WA	USA	99206	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
WA C 167059		Signature: Dr		Date: 04/19/2013				
		Name (type o		Title: Doctor				
Processed 04/19/2013 * Electronically provided signatures are accepted as original signatures.								