No. <b>C 129929</b>		Due no later than Aug 31, 2010 Annual Report Form		2. Registered A	2. Registered Agent and Address (NO PO BOX)  DENNIS J MICHAELSON 2271 OVERLAND AVE STE 4 BURLEY ID 83318  3. New Registered Agent Signature:*			
Return to:				5 C C C C C C C C C C C C C C C C C C C				
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.  DENNIS J. MICHAELSON, DMD, MS, P.A.  DENNIS J. MICHAELSON  2271 OVERLAND AVE STE 4  BURLEY ID 83318  USA						
4. Corporations: Enter N	lames and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DENNIS J. N	MICHAELSON	2271 OVERLAND AVE STE 4	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kim H. Leedom		Date: 09	Date: 09/08/2010			
C 129929		Name (type or print): Kim H. Leedom		Title: Fi	Title: Financial Coordinator			
Processed 09/08/2010 * Electronically provided signatures are accepted as original signatures.								