

No. C 161628		Due no later than Jul 31, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		SHAUN CHRISTENSEN 155 S. MIDLAND BLVD. NAMPA ID 83686			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		SHAUN CHRISTENSEN, D.M.D., P.C. SHAUN CHRISTENSEN 155 S MIDLAND BLVD NAMPA ID 83686 USA					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	ANN CHRISTENSEN	214C HOLLY STREET	NAMPA	ID	USA	83686	
PRESIDENT	SHAUN CHRISTENSEN	214 C HOLLY STREET	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 161628		Signature: Shaun Christensen			Date: 10/06/2010		
		Name (type or print): Shaun Christensen			Title: Owner / Dentist		
Processed 10/06/2010		* Electronically provided signatures are accepted as original signatures.					