

No. C 135786	Due no later than Sep 30, 2011 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. BRANT N. OLSON DDS, P.A. BRANT N. OLSON 250 S SKYLINE STE #5 IDAHO FALLS ID 83402 USA		AARON J WOOLF 3480 MERLIN DR IDAHO FALLS ID 83404			
			3. <u>New</u> Registered Agent Signature:*			
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	HEIDI J. OLSON	250 S. SKYLINE #5	IDAHO FALLS	ID	USA	83402
PRESIDENT	BRANT N. OLSON	250 S. SKYLINE #5	IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of: ID C 135786	6. Annual Report must be signed.* Signature: Brant Olson Name (type or print): Brant Olson		Date: 08/01/2011 Title: President			
Processed 08/01/2011		* Electronically provided signatures are accepted as original signatures.				