

No. C 122045	Due no later than Dec 31, 2009 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. PRIEST RIVER DENTAL CARE PA CHAD M THOMPSON PO BOX 496 PRIEST RIVER ID 83856		CHAD M THOMPSON DDS 355 E SETTLEMENT ROAD PRIEST RIVER ID 83856			
			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	DAWNETTA O THOMPSON	355 E SETTLEMENT ROAD	PRIEST RIVER	ID	USA	83856
PRESIDENT	CHAD M THOMPSON	355 E SETTLEMNT ROAD	PRIEST RIVER	ID	USA	83856
5. Organized Under the Laws of: ID C 122045	6. Annual Report must be signed.* Signature: Chad Thompson Name (type or print): Chad Thompson		Date: 10/29/2009 Title: President			
Processed 10/29/2009		* Electronically provided signatures are accepted as original signatures.				