

No. C 136601		Due no later than Dec 31, 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. JUSTIN C. CRESS, DDS, P.A. JUSTIN C CRESS 3422 HARVEST MOON DRIVE KIMBERLY ID 83341 USA		JUSTIN C CRESS 3422 HARVEST MOON DRIVE KIMBERLY ID 83341			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).						3. <u>New</u> Registered Agent Signature:*	
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JUSTIN C CRESS	3422 HARVEST MOON DRIVE	KIMBERLY	ID	USA	83341	
SECRETARY	REBECCA L CRESS	3422 HARVEST MOON DRIVE	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of: ID C 136601		6. Annual Report must be signed.* Signature: Justin C Cress, DDS Name (type or print): Justin C Cress, DDS					
Processed 10/14/2011		Date: 10/14/2011 Title: President * Electronically provided signatures are accepted as original signatures.					