

No. C 139629	Due no later than Jun 30, 2010 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. AMMON DENTAL, P.A. BRAD OSWALD 3456 E 17TH STE 115 AMMON ID 83406	DR BRAD OSWALD 3456 E 17TH ST STE 115 AMMON ID 83406	
		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	KRIS OSWALD	3456 E 17 TH ST 4060 TAYLORVIEW	AMMON ID USA 83406
PRESIDENT	BRAD OSWALD	3456 E 17TH ST 4060 TAYLORVIEW LN	AMMON ID USA 83406
5. Organized Under the Laws of: ID C 139629	6. Annual Report must be signed.* Signature: Brad Oswald Name (type or print): Brad Oswald		Date: 07/10/2010 Title: President
Processed 07/10/2010		* Electronically provided signatures are accepted as original signatures.	