No. C 150665		Due no later than Sep 30, 2009		2.	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. DR. DARRON H. KELLEY, D.D.S., P.C. 35 S STATE PRESTON ID 83263			DR DARRON H KELLEY 35 S STATE PRESTON ID 83263 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ess Addresses of Preside	ent Secretary and Directors Treasu	rer (ont	ional)			
Office Held	Name	cos / tadi cosco oi i reside	Street or PO Address		ity	State	Country	Postal Code
PRESIDENT	DARRON H	KELLEY	35 SOUTH STATE	Pl	RESTON	ID	USA	83263
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
110		Signature: Darron Kelley			Date: 10/13/2009			
C 150665		Name (type or print): Darron Kelley			Title: President			
Processed 10/13/2009 * Electronically provided signatures are accepted as original signatures.								