

No. <b>C 150297</b>		<b>Due no later than Aug 31, 2012</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  SIGNATURE DENTAL, PC MATTHEW L KOOYMAN 1500 W CAYUSE CREEK DR SUITE 100 MERIDIAN ID 83646-4795 USA		MATTHEW L KOOYMAN 13929 W BATTENBERG CT BOISE ID 83713			
				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	
PRESIDENT	MATTHEW L KOOYMAN	1500 W CAYUSE CREEK DR SUITE 100	MERIDIAN	ID	USA	83646-4795	
5. Organized Under the Laws of:  <b>ID C 150297</b>		6. Annual Report must be signed.* Signature: Matt Kooyman DDS Name (type or print): Matt Kooyman DDS Date: 06/18/2012 Title: President					
Processed 06/18/2012		* Electronically provided signatures are accepted as original signatures.					