

No. C 185490		Due no later than Dec 31, 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		1. Mailing Address: Correct in this box if needed. MARLOWE PEDIATRIC DENTISTRY, P.A. 3456 E 17TH #140 AMMON ID 83406		MARK MARLOWE 800 KATIE CT IDAHO FALLS ID 83406			
NO FILING FEE IF RECEIVED BY DUE DATE				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	MARK MARLOWE	800 KATIE CT	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of: ID C 185490		6. Annual Report must be signed.* Signature: Robert Crandall Name (type or print): Robert Crandall Date: 10/11/2010 Title: Attorney					
Processed 10/11/2010 * Electronically provided signatures are accepted as original signatures.							