No. <b>C 136360</b>		Due no later than Nov 30, 2011	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	JOEL NEWTON DDS 2064 WASHINGTON ST NORTH TWIN FALLS ID 83301  3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  JOEL NEWTON, D.D.S., P.A.  JOEL NEWTON  2064 WASHINGTON ST NORTH  TWIN FALLS ID 83301					
NO FILING FEE IF RECEIVED BY DUE DATE		USA  ess Addresses of President, Secretary, and Directors. Treasurer	(optional)				
Office Held	Name Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JOEL NEWTO		TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 136360		Signature: Joel Newton DDS	Date: 09/28/2011				
		Name (type or print): Joel Newton DDS	Title: President / owner				
Processed 09/28/2011	L	* Electronically provided signatures are accepted as original signatures.					