No. <b>C 149424</b>		Due no later than May 31, 2011		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.  KUNA DENTAL, P.C.  DOUGLAS W CROFT  927 N LINDER  KUNA ID 83834  USA		DOUGLAS WAYNE CROFT 927 N LINDER KUNA ID 83634  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine			nt Secretary and Directors Trea	scurer (	ontional)			
Office Held	Name	ess Addresses of Freside	Street or PO Address	isui ci (	City	State	Country	Postal Code
SECRETARY PRESIDENT	TAMMY CROFT DOUGLAS W CROFT		927 N LINDER RD 927 N LINDER		Kuna Kuna	ID ID	USA USA	83634 83634
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 149424		Signature: Douglas W. Croft Name (type or print): Douglas W. Croft			Date: 03/23/2011 Title: Owner			
Processed 03/23/2011 * Electronically provided signatures are accepted as original signatures.								