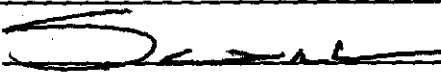


No. C 142589	Due no later than February 28, 2009 <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  SCOTT R. LEWIS, D.D.S., P.C. 300 N 2ND E REXBURG, ID 83440		SCOTT R LEWIS 300 N 2ND E REXBURG, ID 83440												
			3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.  <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>owner</td> <td>SCOTT R. LEWIS</td> <td>300 N. 2nd E.</td> <td>REXBURG</td> <td>IDAHO</td> <td>83440</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	owner	SCOTT R. LEWIS	300 N. 2nd E.	REXBURG	IDAHO	83440
Office held	Name	Street or P.O. Address	City	State	Zip										
owner	SCOTT R. LEWIS	300 N. 2nd E.	REXBURG	IDAHO	83440										
5. Organized Under the Laws of:  IDAHO C 142589	6. Signature  Date 12/15/2009 Name (Typed or Printed) SCOTT R. LEWIS Title Owner														

Issued 12/01/2008

Do Not Tape or Staple

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