No. C 70989		Due	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		10 200 000 00 00 00 000 000 000 000	JOHN D. BLAISDELL, DDS 1916 ELLIS AVE CALDWELL ID 83605 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. BLAISDELL DENTAL CENTER, P.A. JOHN D. BLAISDELL, DDS 1916 ELLIS AVE CALDWELL ID 83605 USA						
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Register				
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pr	resident, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JOHN D BLAISDELL, DDS		1916 ELLIS AVE.	CALDWELL	ID	USA	83605-4811	
SECRETARY	JOHN D BLAISDELL, DDS		1916 ELLIS AVE.	CALDWELL	ID	USA	83605-4811	
TREASURER	JOHN D BLA	AISDELL, DDS	1916 ELLIS AVE	CALDWELL	ID	USA	83605-4811	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 70989		Signature: John D Blaisdell, DDS Date: 08/08/2013					3	
		Name (type or print): John D Blaisdell, DDS			Title: President			
Processed 08/08/2013		* Electronically pro	vided signatures are accepted as origin	al signatures.				