

No. C 139628

Due no later than June 30, 2007

Annual Report Form

2. Registered Agent and Office NO PO BOX

CRAIG D PULSIPHER DDS
142 RIVER VISTA PL
TWIN FALLS, ID 83301

3. New Registered Agent Signature

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CRAIG D. PULSIPHER, D.D.S., P.A.
142 RIVER VISTA PL
TWIN FALLS, ID 83301

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held

Name

Street or P.O. Address

City

State

Zip

President	Dr. Craig Pulsipher	142 River Vista Pl.	TF.	ID	83301
Secretary	Sheila Pulsipher	3086 Laurelwood Dr.	TF	ID	83301

5. Organized Under the Laws of:
IDAHO
C 139628

6.

Signature

Date

4/11/07

Name

(Typed or
Printed)

Andrea B. Dayley

Title

Office Manager

Issued 04/02/2007

Do Not Tape or Staple

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