No. <b>C 171915</b>		Due no later than Mar 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		DANIEL S BRUCE 7878 S USTICK RD STE 101 BOISE ID 83704  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.  IDAHO ACADEMY OF GENERAL DENTISTRY, INC.  DAN S BRUCE  7878 S USTICK RD STE 101  BOISE ID 83704					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Na	mes and Busin	ess Addresses of I	President, Secretary, and Directors. Treasur	er (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR DIRECTOR PRESIDENT DIRECTOR SECRETARY	RYAN TYNG CASEY BUTTERFIELD DENNIS GARPETTI MARK E SMITH DDS DAN BRUCE		13108 W. PERSIMMON LANE 2630 SOUTH EAGLE ROAD 13108 W. PERSIMMON LANE 2420 E GALA AVE STE 200 7873 USTICK RD STE 101	BOISE MERIDIAN BOISE MERIDIAN BOISE	ID ID ID ID	USA USA USA USA USA	83713 83642 83713 83642 83706
5. Organized Under the Laws of:		6. Annual Report					
ID		Signature: Daniel S Bruce		Date: 02/05/2009			
C 171915		Name (type or	print): Daniel S Bruce	Title: Secretary			
Processed 02/05/2009		* Electronically pr	rovided signatures are accepted as original s	signatures.			