No. C 24568  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Sep 30, 2009 Annual Report Form  1. Mailing Address: Correct in this box if needed.  IDAHO STATE DENTAL ASSOCIATION KIMBERLY D MITICH-BOWERS 1220 WEST HAYS BOISE ID 83702		2. Registered Agent and Address (NO PO BOX)											
					KIMBERLY D MITICH-BOWERS										
				1220 WEST HAYS BOISE ID 83702  3. New Registered Agent Signature:*											
								2000 900 10		ss Addresses of Pr	resident, Secretary, and Directors. Treasure		Chaha	C	Dantal Cada
								Office Held	Name	1 0 1/10	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	SPENCER J L		405 E. ELM STREET	CALDWELL	ID	USA	83605 83404								
DIRECTOR DIRECTOR	THOMAS T A		2685 CHANNING WAY	IDAHO FALLS BOISE	ID	USA USA	83404 83706								
DIRECTOR	JOHN C SLATTERY JILL S WAGERS		600 E. RIVERPARK LANE, SUITE 1 7235 W. EMERALD, SUITE B	BOISE	ID ID	USA	83706								
DIRECTOR			1177 PARKWAY DRIVE		ID	USA	8370 <del>4</del> 83221								
DIRECTOR	DENNIS S HA MARK R ALEX		506 HANSEN STREET EAST	BLACKFOOT TWIN FALLS	ID	USA	83301								
DIRECTOR	JAMES E PIEI		939 BRYDEN AVENUE, SUITE 2	LEWISTON	ID	USA	83501								
DIRECTOR	KENNETH J B		1683 E. MILES AVENUE	HAYDEN LAKE	ID	USA	83835								
TREASURER	JEFFREY W T		1201 S. FIVE MILE ROAD	BOISE	ID	USA	83709								
SECRETARY	JEFFREY W T		1201 S. FIVE MILE ROAD	BOISE	ID	USA	83709								
PRESIDENT	RICHARD E F		813 STILSON ROAD, SUITE C	BOISE	ID	USA	83703								
5. Organized Under t	the Laws of:	6. Annual Report r	nust be signed.*												
ID C 24568		Signature: Kimberly D. Mitich-Bowers Date: 07/17/2009													
		Name (type or p	Title: Ass't Executive Director												
Processed 07/17/200	9 *		vided signatures are accepted as original si	anatures											