

No. <b>C 174191</b>		<b>Due no later than Jul 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  THOMAS L BLAISDELL DDS PC THOMAS L BLAISDELL 403 LARKSPUR CT CALDWELL ID 83605 USA		THOMAS L BLAISDELL 403 LARKSPUR CT CALDWELL ID 83605			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	SHERI L BLAISDELL	403 LARKSPUR CT	CALDWELL	ID	USA	83605	
PRESIDENT	THOMAS L BLAISDELL	403 LARKSPUR CT	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of:  <b>ID</b> <b>C 174191</b>		6. Annual Report must be signed.*  Signature: Dr. Thomas L Blaisdell Name (type or print): Dr. Thomas L Blaisdell					
Processed 05/18/2010		Date: 05/18/2010 Title: President  * Electronically provided signatures are accepted as original signatures.					