

No. <b>C 124464</b>	<b>Due no later than Jun 30, 2009</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> CRANIOFACIAL PAIN CENTER OF IDAHO, P.A. JAMISON R SPENCER, DMD 8119 USTICK RD BOISE ID 83704 USA		JAMISON R SPENCER 8119 USTICK RD #103 BOISE ID 83704			
			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
PRESIDENT	JAMISON R SPENCER, DMD	25088 SHADOW MTN CIRCLE	STAR	ID	USA	83669
SECRETARY	JENNIFER R SPENCER	25088 SHADOW MTN CIRCLE	STAR	ID	USA	83669
5. Organized Under the Laws of:  <b>ID C 124464</b>	6. Annual Report must be signed.* Signature: Debbie Green Name (type or print): Debbie Green		Date: 04/29/2009 Title: Bookkeeper			
Processed 04/29/2009		* Electronically provided signatures are accepted as original signatures.				