

No. C 139788		Due no later than Jul 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. STEVEN D. HAMMOND, D.D.S., P.A. STEVEN D HAMMOND DDS 455 WASHINGTON ST MONTPELIER ID 83254		STEVEN D HAMMOND DDS 455 WASHINGTON ST MONTPELIER ID 83254			
				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	JULIE A HAMMOND	455 WASHINGTON ST	MONTPELIER	ID	USA	83254	
PRESIDENT	STEVEN D HAMMOND DDS	455 WASHINGTON STREET	MONTPELIER	ID	USA	83254	
5. Organized Under the Laws of: ID C 139788		6. Annual Report must be signed.* Signature: Steven D. Hammond DDS Name (type or print): Steven D. Hammond DDS Date: 06/17/2009 Title: President					
Processed 06/17/2009		* Electronically provided signatures are accepted as original signatures.					