

No. C 185273		Due no later than Nov 30, 2011 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. ELISON ORAL AND MAXILLOFACIAL SURGERY, INC. MARK T ELISON 2107 AUTUMN LANE IDAHO FALLS ID 83404 USA		MARK T ELISON 2450 E. 25TH ST., STE. C IDAHO FALLS ID 83404			
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	MARK T ELISON	2450 E. 25TH ST., STE. C	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID C 185273		6. Annual Report must be signed.* Signature: Mark T. Elison Name (type or print): Mark T. Elison					
		Date: 09/15/2011 Title: President					
Processed 09/15/2011 * Electronically provided signatures are accepted as original signatures.							