

No. C 136843		Due no later than Dec 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. PALOUSE ORAL & MAXILLOFACIAL SURGERY, P.A. JOHN W MORRISON 2301 WEST A ST STE A MOSCOW ID 83843		JOHN W MORRISON DMD 2301 WEST A STE A MOSCOW ID 83843			
				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	JOHN W MORRISON	171 MARINEVIEW DRIVE	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 136843		Signature: John W. Morrison				Date: 01/14/2010	
		Name (type or print): John W. Morrison				Title: President	
Processed 01/14/2010		* Electronically provided signatures are accepted as original signatures.					