

No. C 173174

Due no later than May 31, 2008

## Annual Report Form

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

NATHANIEL SKOUSEN DMD P.C.  
4251 N BUCKBOARD PLACE  
BOISE, ID 83713

2. Registered Agent and Office NO PO BOX

NATHANIEL SKOUSEN DMD  
4251 N BUCKBOARD PLACE  
BOISE, ID 83713NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office heldNameStreet or P.O. AddressCityStateZipPresident ART-  
DENTAL

1212 N Cole Rd

Boise

ID

83704

5. Organized Under the Laws of:

IDAHO  
C 173174

6.

Signature

Date

4-3-08

Name

(Typed or  
Printed)

Nathaniel Skousen

Title

DMD

Issued 03/03/2008

Do Not Tape or Staple

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