

No. <b>C 157591</b>	<b>Due no later than Dec 31, 2012</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>		NICHOLAS A MASSOTH 4121 CLOCK TOWER AVE CALDWELL ID 83607-5006			
	CANYON COUNTY ORAL AND MAXILLOFACIAL SURGERY INCORPORATED NICHOLAS A MASSOTH 4121 CLOCK TOWER AVE CALDWELL ID 83607		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	NICHOLAS A MASSOTH	4121 CLOCK TOWER AVENUE	CALDWELL	ID	USA	83607-5006
5. Organized Under the Laws of:  <b>ID C 157591</b>		6. Annual Report must be signed.* Signature: Nicholas Massoth Name (type or print): Nicholas Massoth		Date: 10/16/2012 Title: Owner		
Processed 10/16/2012		* Electronically provided signatures are accepted as original signatures.				