

No. C 122017		Due no later than Dec 31, 2008		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. RUSSELL C. POOL, D.M.D., P.A. RUSSELL C POOL 109 12TH AVE RD NAMPA ID 83686		RUSSELL C POOL DMD PA 109 12TH AVE RD NAMPA ID 83686			
				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	SYLVIA A POOL	633 FLETCHER DR	NAMPA	ID	USA	83686	
PRESIDENT	RUSSELL C POOL	633 FLETCHER DR	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID C 122017		6. Annual Report must be signed.* Signature: Russell C Pool, DMD Name (type or print): Russell C Pool, DMD Date: 01/09/2009 Title: President, Director, Dentist					
Processed 01/09/2009		* Electronically provided signatures are accepted as original signatures.					