

No. <b>C 166246</b>		<b>Due no later than Apr 30, 2012</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> IDAHO ORAL & MAXILLOFACIAL SURGERY, P.C. TIMOTHY T HOPKINS 1399 FILLMORE ST #501 TWIN FALLS ID 83301 USA		TIMOTHY T HOPKINS 1399 FILLMORE ST #501 TWIN FALLS ID 83301			
				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	TIMOTHY T. HOPKINS	1399 FILLMORE ST #501	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 166246</b>		Signature: Alisha Wright				Date: 02/08/2012	
		Name (type or print): Alisha Wright				Title: Office Manager	
Processed 02/08/2012		* Electronically provided signatures are accepted as original signatures.					