(A) C 100/22	Due no later than Feb 28, 2007	2. Registered Agent and Office 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 4. Corporations: Enter Name Office held Name President Pameta Poi Sceretary Robin Do	Annual Report Form 1. Mailing Address - Correct in this box, if applicable PAMELA A. POWELL, D.M.D., P.A. 120 N 23RD BOISE, ID 83702 es and Business Addresses of President, Secretary Street or P.O. Address City Sell 5232 N. 36th St. Base	PAMELA A POWELL DMD 120 N 23RD BOISE, ID 83702 3. New Registered Agent Signature y and Directors. State Zip 83703
5. Organized Under the Laws of: IDAHO C 109422	6. Signature Saml O-Soull Name (Typed or Pamela A. Powel	DMD Date 3-17-07 Title Owner/ President
Issued 03/14/2007 by	Stania	200702001469