

No. C 109422

Due no later than Feb 28, 2002
Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

**NO FILING FEE IF
RECEIVED BY DUE DATE**

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

PAMELA A. POWELL, D.M.D., P.A.
~~PAMELA A. POWELL DMD~~
120 N 23RD

BOISE, ID 83702

2. Registered Agent and Office **NO PO BOX**

PAMELA A POWELL DMD
120 N 23RD

BOISE, ID 83702

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres.	Pamela A. Powell	5232 N. 36th St	Boise	ID	83702
Sec.	Robin A. Dodson	5232 N. 36th St	Boise.	ID	83703

5. Organized Under the Laws of:

IDAHO

C 109422

6.

Signature

Name
(Typed or
Printed)

Pamela A. Powell

Pamela A. Powell

Date

1-24-02

Title

Pres./dentist