

No. C 154712

Due no later than May 31, 2007

## Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

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

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

ALLIED DENTAL CLINIC PC  
COREY SNOW  
242 S 7TH AVE  
POCATELLO, ID 83201COREY SNOW  
242 S 7TH AVE  
POCATELLO, ID 83201NO FILING FEE IF  
RECEIVED BY DUE DATE3. 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> |
|--------------------|----------------|-------------------------------|-------------|--------------|------------|
| President          | R. Corey Snow  | 242 S. 7 <sup>th</sup> Ave    | Pocatello   | Id.          | 83201      |
| Secretary          | Nicole T. Snow | 242 S. 7 <sup>th</sup> Ave.   | Pocatello   | Id.          | 83201      |

5. Organized Under the Laws of:

IDAHO  
C 154712

6.

Signature

*R. Corey Snow*

Date

*3/14/07*

Name (Typed or Printed)

*R. Corey Snow*

Title

*President*

Issued 03/01/2007

Do Not Tape or Staple

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