

No. C 136843	Due no later than Dec 31, 2011 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. PALOUSE ORAL & MAXILLOFACIAL SURGERY, P.A. JOHN W MORRISON 2301 WEST A ST STE A MOSCOW ID 83843	JOHN W MORRISON DMD 2301 WEST A STE A MOSCOW ID 83843				
		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	JOHN W MORRISON	171 MARINEVIEW DRIVE	LEWISTON	ID	USA	83501
5. Organized Under the Laws of: ID C 136843	6. Annual Report must be signed.* Signature: John W. Morrison Name (type or print): John W. Morrison		Date: 01/11/2012 Title: President			
Processed 01/11/2012		* Electronically provided signatures are accepted as original signatures.				