

No. C 70997

Due no later than October 31, 2004  
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

LYNN R. BLAISDELL, D.D.S., PROFESSI  
LYNN R. BLAISDELL  
8878 W HACKAMORE DR  
BOISE, ID 83709

LYNN R. BLAISDELL  
8878 W HACKAMORE DR  
BOISE, ID 83709

3. New Registered Agent Signature

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

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

Office held	Name	Street or P.O. Address	City	State	Zip
Pres	Lynn R. Blaisdell	DDS 8877 W. Hackamore Dr	Boise	Idaho	83709
Sec	Same as above				
Dir.	Same as above				

5. Organized Under the Laws of:

IDAHO  
C 70997

6.

Signature

*L.R. Blaisdell DDS*

Date

8-12-04

Name

(Typed or  
Printed)

L.R. Blaisdell DDS

Title

Pres/owner