Generated Annual Report

No. C 106962	Due no later than 7/31/2009 Annual Report Form	2. Registered Agent and Address (NO PO BOX)
RETURN TO: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BOISE ORAL AND MAXILLOFACIAL SURGERY, P.A. 6363 EMERALD STE 103 BOISE ID 83704	KEVIN KEMPERS DDS MD 6363 EMERALD STE 103 BOISE ID 83704 3. New Registered Agent Signature:

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

Office Held	Name	Street or PO Address	City	State	Zip
President	Kevin Kempers	12625 N. Schicks Ridge	Boise	ID	83714
Secretary	Christian Kempers				

5. Organized Under the Laws of	6. Annual Report must be signed.
ID C 106962	Signature: [signature] Date: 7/13/09 Name(type or print): KEVIN KEMPERS Title: President

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