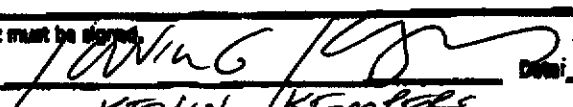


Generated Annual Report

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No. C 104962		Due no later than 7/31/2009		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form		KEVIN KEMPERS D0S MD 6363 EMERALD STE 103 BOISE ID 83704	
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		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 ID C 104962		6. Annual Report must be signed.			
		Signature: 		Date: 7/13/09	
		Name (type or print): KEVIN KEMPERS		Title: President	

(amended 7/13/2009 by SLS)

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