No. C 122377	Annual Report Form 1. Mailing Address - Correct in this box, if applicable		Registered Agent and Office NO PO BOX MICHAEL G SUMMERS 1133 CALL CREEK PL		
Return to:					
SECRETARY OF STATE					
700 WEST JEFFERSON	MICHAEL G. SUMMERS D.D.S., M.S., P.A.	,	TIOO OALL	OKLEKT	_
PO BOX 83720	MICHAEL G SUMMERS		POCATELL	O ID 93	204
BOISE, ID 83720-0080	1133 CALL CREEK PL		POCATELLO, ID 83201		
NO FILING FEE IF	POCATELLO, ID 83201		3. New Registered Agent Signature		
RECEIVED BY DUE DATE					
Corporations: Enter Nar	nes and Business Addresses of President	Secretary	and Direct	ors.	
_Office held Name	Street or P.O. Address	City		tate	7 in
		Ony	<u> </u>	iaie	<u>Zip</u>
Described Will 1 o	2				
President Michael G	. Summers 1133 Call Creek Pl.	Pocate	ello ID	83	3201
Conveters Michelle	C	_			
Secretary Michelle	Summers 1675 Bench Rd.	Pocate	ello ID	83	3201
Organized Under the Laws of: IDAHO	6. Signature Minhmy Dun	nn	Date	1-26-	01
C 122377			Title		
0 1223/1	Name (Typed or Michael G. Su	mmers	XIXXX	owner/	orthodonti