No. C 47713		Due no later than June 30, 20 Annual Report Form	04 2. F	Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF ST	ATE 1. Ma	ailing Address - Correct in this box, if app	110231010	RENT R JOHNSON	
700 WEST JEFFER: PO BOX 83720 BOISE, ID 83720-00	SON JOHN BREN 1606 I	JOHNSON DENTAL CENTER, P.A. BRENT R JOHNSON 1606 E. CENTER POCATELLO, ID 83201		1606 E CENTER POCATELLO, ID 83201	
NO FILING FEE IF RECEIVED BY DUE I			3. <u>Ne</u>	w Registered Agent Signature	
4. Corporations:	Enter Names and	Business Addresses of Preside	nt, Secretary an	d Directors.	
		Street or P.O. Address	City	State Zip	
		Thison 1606 Elenter	ST Pocatell	o Id 83201	
		Johnson 1606E Center Johnson 11 11	st focutell	o Id 83201	
PRESIDENT SECRETARY-	BRENT R. Cathleen S	6.	ST Pocatell		
	BRENT R. Cathleen S	6. Signature	ST Pocatelli	Date <u>5/19/64</u> Title <u>Resident</u>	