No. <b>C 70997</b>				2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		LYNN R. BLAISDELL 8877 W HACKAMORE DRIVE BOISE ID 83709-1671			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.					
		LYNN R. BLAISDELL, D.D.S., PROFESSIONAL ASSOCIATION LYNN R BLAISDELL 8877 W HACKAMORE DRIVE BOISE ID 83709-1671 USA					
				3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Ente	r Names and Busin	ess Addresses of I	President, Secretary, and Directors. Treasure	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT	LYNN R BLA	AISDELL	8877 WEST HACKAMORE DRIVE	BOISE	ID	USA	83709-1671
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 70997		Signature: Lyr		Date: 09/18/2013			
		Name (type or	Title: President				
Processed 09/18/2013 * Electronically provided signatures are accepted as original signatures							