No. C 166246	Due no later than April 30, 2008 **Annual Report Form**	2. Registered Agent and Office 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 applicable IDAHO ORAL & MAXILLOFACIAL SURGERY, TIMOTHY T HOPKINS 1399 FILLMORE ST #501 TWIN FALLS, ID 83301	TIMOTHY T HOPKINS 1399 FILLMORE ST #501 TWIN FALLS, ID 83301 3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
President or Owner	Timothy T. Hopkins	1399 Fillmore St 501	Twin Falls	Idaho	83301

5. Organized Under the Laws of:	6.
IDAHO C 166246	Signature T. Hopkins Date 2/12/08 Name (Typed or Printed) Tim Hopkins Title Owner

Issued 02/01/2008

Do Not Tape or Staple

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