

No. C 145238

Due no later than August 31, 2008
Annual Report Form

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

ELISON DENTAL CENTER P.A.
MICHAEL A ELISON
3656 WASHINGTON PARKWAY
IDAHO FALLS, ID 83404

2. Registered Agent and Office NO PO BOX

MICHAEL A ELISON
3656 WASHINGTON PARKWAY
IDAHO FALLS, ID 83404

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Michael Elison	3656 Washington Parkway	Idaho Falls	ID	83404
Secretary	Jamie Elison	"	"	"	"
Treasurer	Darlene Winterholler	"	"	"	"

5. Organized Under the Laws of:

IDAHO
C 145238

6.

Signature Michael Elison

Date 6/24/08

Name (Typed or Printed) Michael Elison

Title President

Issued 06/02/2008

Do Not Tape or Staple

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