

No. <b>C 167625</b>	<b>Due no later than Jun 30, 2009</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> IDAHO STATE ORTHODONTIC SOCIETY, INC GLEN SMITH 2136 N COLE RD BOISE ID 83704	DR GLEN SMITH 2136 N COLE RD BOISE ID 83704
		3. <u>New</u> Registered Agent Signature:*
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).		
Office Held	Name	Street or PO Address
SECRETARY	NEAL WEBSTER	3611 10TH AVE
City	State	Country
CALDWESS	ID	USA
Postal Code	83605	
5. Organized Under the Laws of:  <b>ID C 167625</b>	6. Annual Report must be signed.* Signature: Glen Smith Name (type or print): Glen Smith Date: 04/13/2009 Title: Member	
Processed 04/13/2009 * Electronically provided signatures are accepted as original signatures.		