No. C 112407	Du	Due no later than Oct 31, 2007		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	1. Mailing A	Annual Report Form 1. Mailing Address: Correct in this box if needed. BETHEL DENTAL GROUP, P.A. ROBERT O STEVENS 9460 WEST FRANKLIN RD BOISE ID 83709		ROBERT O STEVENS 9460 WEST FRANKLIN RD BOISE ID 83709 3. New Registered Agent Signature:*			
BOISE, ID 83720-0080	9460 WEST FF						
RECEIVED BY DUE DATE							
4. Corporations: Enter Names and E	usiness Addresses of I	President, Secretary, and Directors. Treas	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	O STEVENS N STEVENS	9460 W. FRANKLIN ROAD 9460 W FRANKLIN RD	BOISE BOISE	ID ID	USA USA	83709 83709	
5. Organized Under the Laws of:	6. Annual Report	Annual Report must be signed.*					
ID Signature:		f Elliott		Date: 09/13/2007			
C 112407	Name (type or	Name (type or print): Cliff Elliott		Title: Accountant			
Processed 09/13/2007	* Electronically provided signatures are accepted as original signatures.						