No. C 151868		Due no later than Nov 30, 2009		2. Registered	2. Registered Agent and Address (NO PO BOX) GRAHAM PATERSON			
Return to:		Annual Report Form						
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. IDAHO ORAL HEALTH ALLIANCE, INC. GRAHAM PATERSON PO BOX 2309 BOISE ID 83701 USA		7313 KINGSTON DR BOISE ID 83704				
					3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Nar	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	e Held Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	JANET GARLICK		2821 CHINKAPIN AVENUE	BOISE	ID	USA	83709	
TREASURER GRAHAM PATERSON		TERSON	7313 KINGSTON DRIVE	BOISE	ID	USA	83704	
PRESIDENT	SCOTT H K	IDO, DMD	341 WEST IOWA AVENUE	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Gra		Date: 10/21/2009				
C 151868		Name (type o		Title: Treasurer				
Processed 10/21/2009 *		* Electronically provided signatures are accepted as original signatures.						