

No. C 156910	Due no later than 10/31/2009 Annual Report Form		2. Registered Agent (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 needed. BOISE DENTAL SPECIALISTS SUBDIVISION PROPERTY OWNERS' ASSOCIATION, INC. 6363 EMERALD ST BOISE ID 83704		SCOTT FREEMAN 6363 EMERALD BOISE ID 83704 3. New Register
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			
Office Held	Name	Street or PO Address	City State Zip
Partner	SCOTT FREEMAN	6363 EMERALD	BOISE, ID 83704
Partner	Wayne Ellis	6363 EMERALD	BOISE, ID 83704
Partner	Bruce Morrison	6363 EMERALD	BOISE, ID 83704
5. Organized Under the Laws of:	6. Annual Report must be signed.		
ID C 156910	Signature: <i>[Signature]</i> Name(type or print): SCOTT FREEMAN		Date: 8/12/09 Title: Partner