

No. <b>C 165608</b>		Due no later than Mar 31, 2013 <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> EASTERN IDAHO LOW-INCOME DENTAL CLINIC CORPORATION DONALD P CAMPBELL PO BOX 944 REXBURG ID 83440		DONALD P CAMPBELL 224 APACHE AVE REXBURG ID 83440		
				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	City	State	Country	Postal Code
SECRETARY	RUSS SPAIN	PO BOX 51098	IDAHO FALLS	ID	USA	83405-5512
TREASURER	DONALD P CAMPBELL	BRIGHAM YOUNG UNIVERSITY-IDAHO SMI-484	REXBURG	ID	USA	83460-0841
PRESIDENT	DIRK E STROBEL	59 PROFESSIONAL PLZ	REXBURG	ID	USA	83440-2024
DIRECTOR	ELYSE BAIRD	EASTERN IDAHO PUBLIC HEALTH DI 254 E. ST.	IDAHO FALLS	ID	USA	83402-2024
5. Organized Under the Laws of: <b>ID C 165608</b>		6. Annual Report must be signed.* Signature: Donald Campbell Name (type or print): Donald Campbell				
		Date: 02/07/2013 Title: Treasurer				
Processed 02/07/2013		* Electronically provided signatures are accepted as original signatures.				