	The second secon	
No. C 149195	Due no later than May 31, 2008	100
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	PAULA KAY ANDRIESIANI ST. JAMES
450 NORTH FOURTH STREET PO BOX 83720	IUAHO DENTAL IORS INC	1010 SANDALWOOD DD
BOISE, ID 83720-0080	PAULA KAY ANDRIESIAN ST IAMES	CALDWELL, ID 83605
DOIGE, ID 83720-0080	TO TO SANDACTION OF THE SANDACTION OF	7
NO FILING FEE IF	-CALDWELL, ID 83505	
RECEIVED BY DUE DATE		New Registered Agent Signature
4. Corporations: Enter Nam	es and Business Addresses of President, Secret	
Office held Name	of Line Business Addresses of President, Sezfet	ary and Directors
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Handet Date	<u>Vity</u>	<u>State</u> <u>Zlp</u>
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5. Organized Under the Laws of:		- A
IDAHO	Signature	4/2/20
C 149195		Date <u>7/5/08</u>
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