

No. C 70989

Due no later than October 31, 2007  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

BLAISDELL DENTAL CENTER, P.A.  
JOHN D. BLAISDELL, DDS  
1916 ELLIS  
CALDWELL, ID 83605

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CALDWELL, ID 83605

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	John D Blaisdell	1916 Ellis Ave	Caldwell	ID	83605

5. Organized Under the Laws of:

IDAHO  
C 70989

6.

Signature

Date

Name

(Typed or  
Printed)

Title

*[Signature]*  
8-10-07  
John D. Blaisdell  
President

Issued 08/02/2007

Do Not Tape or Staple

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