No. C 109422		Due no later than Feb 28, 2010		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			PAMELA A POWELL DMD 120 N 23RD BOISE ID 83702			
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. PAMELA A. POWELL, D.M.D., P.A. PAMELA A. POWELL 120 N 23RD BOISE ID 83702 USA						
				BOISE ID				
				3. <u>New</u> Registe	3. New Registered Agent Signature:*			
4. Corporations: Ente	er Names and Busin	ess Addresses o	f President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT	ROBIN A. D PAMELA A.		120 N 23RD 120 N 23RD	BOISE BOISE	ID ID	USA USA	83702 83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: P	amela A. Powell	D	Date: 03/04/2010			
C 109422		Name (type	or print): Pamela A. Powell	T	Title: Owner/President			
Processed 03/04/201	10	* Electronically	provided signatures are accepted as origin	al signatures.				