

No. C 124464		Due no later than Jun 30, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: 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. CRANIOFACIAL PAIN CENTER OF IDAHO, P.A. JAMISON R SPENCER, DMD 8119 USTICK RD BOISE ID 83704 USA		JAMISON R SPENCER 8119 USTICK RD #103 BOISE ID 83704			
						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	
PRESIDENT	JAMISON R SPENCER, DMD	25088 SHADOW MTN CIRCLE	STAR	ID	USA	83669	
SECRETARY	JENNIFER R SPENCER	25088 SHADOW MTN CIRCLE	STAR	ID	USA	83669	
5. Organized Under the Laws of: ID C 124464		6. Annual Report must be signed.* Signature: Terri Stillwaugh Name (type or print): Terri Stillwaugh					
Processed 04/18/2011		* Electronically provided signatures are accepted as original signatures. Date: 04/18/2011 Title: AP Clerk					