

No. C 106962

Due no later than July 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

BOISE ORAL AND MAXILLOFACIAL SURGER
6363 EMERALD STE 103
BOISE, ID 83704BRUCE MORRISON DDS
6363 EMERALD STE 103
BOISE, ID 83704

KEVIN KEMPERS DDS MD

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

JWIN G/82

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

Office held	Name	Street or P.O. Address	City	State	Zip
President	Kevin Kempers DDS MD	(same address as above)			
Secretary	Bruce Morrison DDS	(" " " ")			

5. Organized Under the Laws of:

IDAHO
C 106962

6.

Signature

Name

(Typed or
Printed)

KEVIN KEMPERS

Date

5/11/07

Title

PRESIDENT