

No. C 104459	Due no later than Dec 31, 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. EASTERN IDAHO ORAL AND MAXILLOFACIAL SURGERY, CHARTERED L KRIS MUNK 2588 CHANNING WAY IDAHO FALLS ID 83404-7515	L KRIS MUNK 2588 CHANNING WAY IDAHO FALLS ID 83404-7515 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
DIRECTOR	L KRIS MUNK	2588 CHANNING WAY	IDAHO FALLS	ID	USA	83404-7515
5. Organized Under the Laws of: ID C 104459	6. Annual Report must be signed.* Signature: L Kris Munk Name (type or print): L Kris Munk		Date: 10/12/2011 Title: Director			
Processed 10/12/2011		* Electronically provided signatures are accepted as original signatures.				