

No. C 24568		Due no later than Sep 30, 2012 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		1. Mailing Address: Correct in this box if needed. IDAHO STATE DENTAL ASSOCIATION TAMI CHAFIN 1220 WEST HAYS BOISE ID 83702 USA		TAMI CHAFIN 1220 WEST HAYS BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				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	MARK W SHEPPARD	77 SOUTHWAY AVE STE A	LEWISTON	ID	USA	83501	
DIRECTOR	R KIM SMITH	115 E CHAPEL RD	POCATELLO	ID	USA	83201	
DIRECTOR	SPENCER J LLOYD	405 E. ELM STREET	CALDWELL	ID	USA	83605	
DIRECTOR	VAL BINGHAM	3387 MERLIN DRIVE	IDAHO FALLS	ID	USA	83404	
DIRECTOR	JOHN C SLATTERY	600 E. RIVERPARK LANE, SUITE 1	BOISE	ID	USA	83706	
DIRECTOR	DUSTON CONNAUGHTON	7235 W. EMERALD, SUITE B	BOISE	ID	USA	83704	
DIRECTOR	JOEL NEWTON	2064 WASHINGTON ST N	TWIN FALLS	ID	USA	83301	
DIRECTOR	THOMAS R SMART	1717 LINCOLN WAY STE 204	COEUR D'ALENE	ID	USA	83814	
TREASURER	S JOHN STALEY	1029 E. PARK BLVE., STE 100	BOISE	ID	USA	83712	
SECRETARY	S JOHN STALEY	1029 E. PARK BLVE., STE 100	BOISE	ID	USA	83712	
PRESIDENT	JACK D KLURE	110 E USTICK RD	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of: ID C 24568		6. Annual Report must be signed.* Signature: Tami Chafin Name (type or print): Tami Chafin					
		Date: 07/31/2012 Title: Executive Director					
Processed 07/31/2012 * Electronically provided signatures are accepted as original signatures.							