

No. C 24568		Due no later than Sep 30, 2012		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		Annual Report Form 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		
				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.				