		Due no later than Decem	Oue no later than December 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX	
SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 20		1. Mailing Address - Correct in this box. if applicable 🦠		PHILIP W GERVAIS 2005 PINE ST SANDPOINT, ID 83864		
		PHILIP W. GERVAIS, D.D.S., P.A. 2005 PINE ST SANDPOINT, ID 83864				
				3. New Registered Agent Signature		
Corporations:	Enter Names	and Business Addresses of Pro	esident, Secreta	ry and Directors.		
Office held Nam	<u>le</u>	Street or P.O. Address	City	State	<u>Zip</u>	
Dresident T	hily W.Geru	ALS 2005 W. PINE ALS 428 EUCLID EVAIS 2005 W. PINE	SANDPOIN	H ID	83864	
Secretary Si	isan L GERV	ALS 428 EUCLID	i i i	tr.	ι,	
Director Ph	ilip W. GER	EVAIS 2005 W. PINE			(
				**		
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5. Organized Under the Laws of: IDAHO C 112954		6. Signature Gilp W	. Levais	605 Date /6	-27-08	
		Name Printed Philip L	Name Prince Thilip W. GERVAIS DDS THE Dresident			
Issued 10/01/2008			Do Not Tape or Staple		200812001673	