

No. C 145238	Due no later than Aug 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. ELISON DENTAL CENTER P.A. MICHAEL A ELISON 3656 WASHINGTON PARKWAY IDAHO FALLS ID 83404		MICHAEL A ELISON 3656 WASHINGTON PARKWAY IDAHO FALLS ID 83404			
			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
SECRETARY	JAMIE T ELISON	655 CASTLEROCK LANE	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID C 145238		6. Annual Report must be signed.* Signature: Michael Elison Name (type or print): Michael Elison		Date: 07/08/2011 Title: President		
Processed 07/08/2011		* Electronically provided signatures are accepted as original signatures.				