- Annual Report Form	
1. Mailing Address - Correct in this box, if applicable	JOEL NEWTON DDS 2064 WASHINGTON ST NORTH
JOEL NEWTON, D.D.S., P.A. 2064 WASHINGTON ST NORTH TWIN FALLS, ID 83301	TWIN FALLS, ID 83301
	New Registered Agent Signature
mes and Business Addresses of President, Secretar	ry and Directors.
Street or P.O. Address City	State Zip
\mathcal{A}_{A}	1
6. Signature	Date 9/27/07
Name Priced or JOE NEWFON	Title POSSEDENT
r	2064 WASHINGTON ST NORTH TWIN FALLS, ID 83301 mes and Business Addresses of President, Secretar Street or P.O. Address City Lewion Zob J No. Washington St. Turing 6. Signature