


<b>No. C 136843</b>		<b>Due no later than December 31, 2007</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b>	
<b>Return to:</b> SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address - Correct in this box, if applicable</b>  PALOUSE ORAL & MAXILLOFACIAL SURGER 2301 WEST A ST STE A MOSCOW, ID 83843		JOHN W MORRISON DMD 2301 WEST A STE A MOSCOW, ID 83843	
				<b>3. New Registered Agent Signature</b>	
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</b>					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	JOHN MORRISON	2301 W. A STREET	MOSCOW	ID	83843
<b>5. Organized Under the Laws of:</b> IDAHO C 136843		<b>6. Signature</b>  <b>Date</b> 12-10-07 <b>Name</b> (Typed or Printed) JOHN W MORRISON <b>Title</b> President			

Issued 10/01/2007

Do Not Tape or Staple

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