

No. **W 15311**

**Due no later than May 31, 2002  
Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CANYON RIM ORAL SURGERY, P.L.L.C.  
MARK A PLANT DDS PA  
2064 WASHINGTON ST N

MARK A PLANT DDS PA  
2064 WASHINGTON ST N

TWIN FALLS, ID 83301

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

TWIN FASLLS, ID 83301

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held

Name

Street or P.O. Address

City

State

Zip

OWNER

MARK A. PLANT

2064 WASHINGTON ST. N

T.F , ID 83301

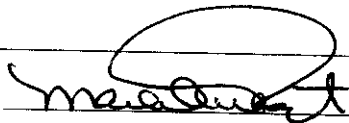
5. Organized Under the Laws of:

IDAHO

W 15311

6.

Signature



Date

3/18/02

Name (Typed or Printed)

MARK A PLANT

Title

OWNER