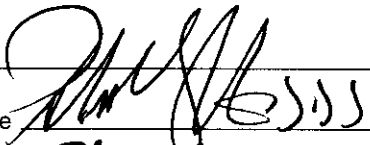


No. C 117856	Due no later than January 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX PHILLIP GLIDDEN 103 W SUPERIOR SANDPOINT, ID 83864																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable P.A. GLIDDEN FAMILY DENTISTRY, P.A. 103 W SUPERIOR SANDPOINT, ID 83864		3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Phillip Glidden DDS</td> <td>103 W. Superior ST,</td> <td>Sandpoint</td> <td>ID</td> <td>83864</td> </tr> <tr> <td>Secretary</td> <td>Phillip Glidden DDS</td> <td>103 W. Superior ST,</td> <td>Sandpoint</td> <td>ID</td> <td>83864</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Phillip Glidden DDS	103 W. Superior ST,	Sandpoint	ID	83864	Secretary	Phillip Glidden DDS	103 W. Superior ST,	Sandpoint	ID	83864
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Secretary	Phillip Glidden DDS	103 W. Superior ST,	Sandpoint	ID	83864																
5. Organized Under the Laws of: IDAHO C 117856		6. Signature  Date <u>11-8-05</u> Name (Typed or Printed) <u>Phillip Glidden DDS</u> Title <u>President</u>																			

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