No. C 167395		Due no later than June 30, 2007 Annual Report Form 1. Mailing Address - Correct in this box. if applicable as BOOMERANG DENTAL CARE INCORPORATED 2051 W TURIN CT MERIDIAN, ID 354/2		2. Registered Agent and Office NO PO BO JOHN ADAMS 2851 W TURIN CT MERIDIAN, ID 83642	
Return to: SECRETARY OF ST 700 WEST JEFFERS PO BOX 83720 BOISE, ID 83720-00	ATE SON BOC BO MET				
NO FILING FEE IF RECEIVED BY DUE	DATE MER	3 E. REDWALL CT. IDIAN, 10 83646		3. <u>New</u> Registered	
		d Business Addresses of Presid	ient, Secretar <u>.</u> <u>City</u>	y and Directors State	
Office held Na PRESTOENT JOH	me IN ADAMS	Street or P.O. Address	MERION		83646
treasurer Am	anda Adams	1153 E. REDWALL CT	MERIDIA	W ID	83646
			1997 - L	tan ang sa tan sa R	
5. Organized Under the Laws of: IDAHO		6. Signature	~	Date	4-25-07
C 167	7395	Name Toth	ADAMS	Title	PRESIDENT
Issued 04/02/2007		Do Not Tape or Staple		20	00706004223