No. W 15311	Due no later than May 31, 2004	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form 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 TWIN FASLLS, ID 83301	MARK A PLANT DDS PA 2064 WASHINGTON ST N TWIN FALLS, ID 83301 3. New Registered Agent Signature
	nies: Enter Names and Addresses of Managers.	
Office held Name	,	
OWNER MARK TO	Libert 2004 WASHINGTON ST NICH	14 T.F. 110 83301
OWEDE HARE P	6. Signature Name Printed) Signature Name Printed)	Date 2/22/04

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