No. C 166615	Due no later than May 31, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	1. Mailing Address - Correct in this box, if applicable H. GENE HOGE, D.M.D., P.A. 310 SPOON DR POCATELLO, ID 83204	H GENE HOGE DMD 1246 YELLOWSTONE STE B-1 POCATELLO, ID 83201 3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
Pres.	H Gene Hoge DMD	310 Spoon Dr	Pocatello	Idaho	83204
Vice Pres/Sec	Sue Ann Hoge	310 Spoon Dr	Pocatello	Idaho	83204

5. Organized Under the Laws of:	6.
IDAHO C 166615	Signature H Gene Hoge DMD Date May 5, 2008 Name (Typed or Printed) H Gene Hoge DMD Title President

Issued 03/03/2008

Do Not Tape or Staple

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