


No. <b>C 132403</b>	<b>Due no later than February 28, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  TOM GUDMESTAD, D.D.S., P.A. TOM GUDMESTAD 522 E 4TH WEISER, ID 83672		TOM GUDMESTAD 522 E 4TH WEISER, ID 83672  3. <u>New</u> Registered Agent Signature													
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</b> <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Director</td> <td>Tom Gudmestad</td> <td>522 E. 4th</td> <td>Weiser</td> <td>ID</td> <td>83672</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>	Director	Tom Gudmestad	522 E. 4th	Weiser	ID	83672
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Director	Tom Gudmestad	522 E. 4th	Weiser	ID	83672											
<b>5. Organized Under the Laws of:</b>  IDAHO C 132403		<b>6.</b> Signature  Date <u>12-8-05</u> Name <small>(Typed or Printed)</small> <u>Tom Gudmestad</u> Title <u>Dentist</u>														

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Do Not Tape or Staple

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