W 31687	Due no later than July 31, 2006	2. Registered Agent and Office NO PO BOX
0.	Annual Report Form	ROBERT L WALKER
turn to:	1. Mailing Address - Correct in this box, if applicable	35 MADISON PROFESSIONAL PK
SECRETARY OF STATE	MADISON PARK DENTAL CENTER, PLLC	REXBURG, ID 83440
700 WEST JEFFERSON PO BOX 83720	ROBERT L WALKER	
BOISE, ID 83720-0080	35 MADISON PROFESSIONAL PK REXBURG, ID 83440	- Constitute
BOIOL, IB dol to the	KEXBORG, ID 00440	3. New Registered Agent Signature
NO FILING FEE IF		
RECEIVED BY DUE DATE	1 Address of Mombers	
Limited Liability Compan	ies: Enter Names and Addresses of Members.	71.0
Office held Name	Street or P.O. Address	City State Zip
		-// 631/1/1
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psident Robert of Wh	ther 3.5 madism 12 hex	Sun JO 83440
posident Robert of Wh	ther 35 markson 12 Park	Suy Il 85440
resident Robert Luk	ther 3.5 marks Proj. Rex	Suy Il 85440
resident Robert Suk	Park Park	Suy Il 85440
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posident Robert of Wh		Suy Il 85440
	sher 3.5 Madism 1.9. Rex	16. L.
nosideat Robert of Wh.  5. Organized Under the Laws of: IDAHO		Date 4/7/86
5. Organized Under the Laws of:	6. Signature	Date 4/7/86
5. Organized Under the Laws of: IDAHO	6. 6.	Date 1/7/86  Title President
5. Organized Under the Laws of: IDAHO	6. Signature	Date 4/7/86