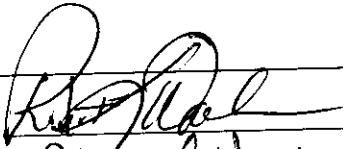


No. W 31687 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than July 31, 2006 Annual Report Form 1. Mailing Address - Correct in this box, if applicable MADISON PARK DENTAL CENTER, PLLC ROBERT L WALKER 35 MADISON PROFESSIONAL PK REXBURG, ID 83440	2. Registered Agent and Office NO PO BOX ROBERT L WALKER 35 MADISON PROFESSIONAL PK REXBURG, ID 83440 3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Robert L Walker</td> <td>35 Madison Park</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Robert L Walker	35 Madison Park	Rexburg	ID	83440
Office held	Name	Street or P.O. Address	City	State	Zip									
President	Robert L Walker	35 Madison Park	Rexburg	ID	83440									
5. Organized Under the Laws of: IDAHO W 31687	6. <div style="display: flex; justify-content: space-between;"> <div> Signature  Name (Typed or Printed) <u>Robert L. Walker</u> </div> <div> Date <u>6/7/06</u> Title <u>President</u> </div> </div>													

Issued 05/01/2006

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