No. <b>** 35164</b>	Due no later than Decembe	r 31, 2005	2 Registered Agent a	and Office NO DO TO
Return to:	Annual Report Form		2. Registered Agent a	
SECRETARY OF STATE	<ol> <li>Mailing Address - Correct in this box, i</li> </ol>	f applicable	CINDA FUELLER 6176 N GOVERNM	
700 WEST JEFFERSON	SILVER LAKE DENTAL, PLLC		COEUR D'ALENE,	ENI WAY
PO BOX 83720	6176 N GOVERNMENT WAY		OOLON DALENE,	10 03015
BOISE, ID 83720-0080	COEUR D'ALENE, ID 83815			
NO FILING FEE IF			3. New Registered Ac	gent Signature
RECEIVED BY DUE DATE				g
	nies: Enter Names and Addresses of M	lembore		
Office held Name		ieiineis.		
Name Name	Street or P.O. Address	<u>City</u>	State	<u>Zip</u>
Aun	1 1 6171 N. C. 4111	Cdia		<del></del>
Owner - James S.H	lough 6176 N. Gov't way	Cala	ΣD	83815
Owner - James S.A	rough to 10 (V. Goveway	CaA	70	8 38 15
Owner - James S.H	lough to 10 W. Goveway	Cara	70	8 38 15
		CarA	70	8 38 <i>15</i>
5. Organized Under the Laws of:	6. Chamber 1	En ch De	<b>√</b>	8 38 15
5. Organized Under the Laws of: IDAHO		angh D	∑_ <sub>Date</sub> _/-	
5. Organized Under the Laws of:	6. Chamber 1	Theyhou	≥≤	6-06

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