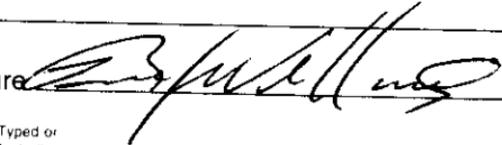


No. C 138664	Due no later than April 30, 2006 Annual Report Form	2. Registered Agent and Office NO PO BOX			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable COMPLETE FAMILY DENTISTRY, P.A. 467 S RIVERSHORE LN EAGLE, ID 83616	BRAD J WILLIAMS 467 S RIVERSHORE LN EAGLE, ID 83616 3. <u>New</u> Registered Agent Signature			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Brad J Williams	2248 E Alderhite 467 S. Rivershore Ln	Eagle	ID	83616
Secretary	Lauren A. Yun	467 S. Rivershore Lane	Eagle	ID	83616
5. Organized Under the Laws of: IDAHO C 138664		6. Signature  Date 5/1/06 Name (Typed or Printed) _____ Title _____			

Issued 02/02/2006

Do Not Tape or Staple

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