No. W 25019

Due no later than July 31, 2006

Annual Report Form

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
CHRISTENSEN DENTAL, PLLC
LYNDE CHRISTENSEN
4105 CLOCKTOWER AVE
CALDWELL, ID 83607

2. Registered Agent and Office **NO PO BOX**
LYNDE CHRISTENSEN
~~4202 CLOCKTOWER AVE STE B~~
~~CALDWELL, ID 83607~~
4105 Clocktower Ave.
Caldwell, ID 83607

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
President	Lynde Christensen	4105 Clocktower Ave.	Caldwell	ID	83607
Co-Owner	Trent Christensen	2921 Quail Meadow Loop	Caldwell	ID	83605

5. Organized Under the Laws of:
IDAHO
W 25019

6.
Signature Lynde D Christensen Date 5/8/06
Name (Typed or Printed) Lynde D. Christensen Title owner/managing member

Issued 05/01/2006

Do Not Tape or Staple

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