No. **W 35419**	**Due no later than Dec 31, 2005** **Annual Report Form**	2. Registered Agent and Address **(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 needed.** JARED M. FURGESON, DDS, PLLC JARED M FURGESON 2700 W CHERRY LN STE 120 MERIDIAN ID 83642 0000	JARED M FURGESON 2369 W TRESTLE DR MERIDIAN ID 83642 0000 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	JARED M FURGESON	1990 W JARVIS CT	MERIDIAN	ID		83642

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
IDAHO **W 35419**	Signature: Jared M Furgeson	Date: 01/03/2006
	Name (type or print): Jared M Furgeson	Title: member

Processed 01/03/2006

* Electronically provided signatures are accepted as original signatures.