

No. <b>C 136601C136601</b>		<b>Due no later than Dec 31, 2005</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  JUSTIN C. CRESS, DDS, P.A. JUSTIN C CRESS 834 FALLS AVE STE 2030 TWIN FALLS ID 83301 0000		JUSTIN C CRESS 2527 PAINTBRUSH DR TWIN FALLS ID 83301 0000			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JUSTIN C CRESS	834 FALLS AVE STE 2030	TWIN FALLS	ID	USA	83301	
SECRETARY	RREBECCA L CRESS	3422 EAST 3944 NORTH	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of:  <b>IDAHO C 136601C136601</b>		6. Annual Report must be signed.* Signature: Justin C Cress, DDS Name (type or print): Justin C Cress, DDS Date: 11/11/2005 Title: President					
Processed 11/11/2005		* Electronically provided signatures are accepted as original signatures.					