

No. C 129804	Due no later than July 31, 2005		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	Annual Report Form		KIM B KELLER DDS																			
	1. Mailing Address - Correct in this box, if applicable KIM B. KELLER, D.D.S., P.A. KIM B KELLER DDS 207 7TH AVE SO NAMPA, ID 83651		207 7TH AVE SO NAMPA, ID 83651 3. <u>New</u> Registered Agent Signature																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Kim B. Keller</td> <td>607 2nd St. S.</td> <td>Nampa</td> <td>ID</td> <td>83651</td> </tr> <tr> <td>Secretary</td> <td>Kim B. Keller</td> <td>607 2nd St. S.</td> <td>Nampa</td> <td>ID</td> <td>83651</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Kim B. Keller	607 2nd St. S.	Nampa	ID	83651	Secretary	Kim B. Keller	607 2nd St. S.	Nampa	ID	83651
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Secretary	Kim B. Keller	607 2nd St. S.	Nampa	ID	83651																	
5. Organized Under the Laws of: IDAHO C 129804		6. Signature <u>Kim B Keller</u> Date <u>5/10/05</u> Name (Type or Print) <u>Kim B Keller</u> Title <u>President</u>																				

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