No. C 154711	Due no later than May 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO SO) SHON ROOKS 1110 S WASHINGTON AVE EMMETT, ID 83617		
450 NORTH FOURTH STREET PO BOX 83720 SH BOISE, ID 83720-0080 11	1. Mailing Address - Correct in this box if applicable BLACK CANYON DENTAL, PC SHON ROOKS 1110 S WASHINGTON AVE EMMETT, ID 83617				
NO FILING FEE IF RECEIVED BY DUE DATE				egistered Agei	nt Signature
Corporations: Enter Names a	and Business Addresses of President,	Secreta	rv and D	irectors.	
Office held Name	Street or P.O. Address	City	* :	State	Zip
PRESIDENT SHOW ROOK	5 2240 CHERRY LANG	Em	<b>८</b> रा	10	71928
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		1.			
Organized Under the Laws of: IDAHO C 154711	6. Signature A Cala Name (Typed or SNON Rooks			Date 3	/10/08
Issued 03/03/2008	Do Not Tape or Staple			itle <u> </u>	5003449