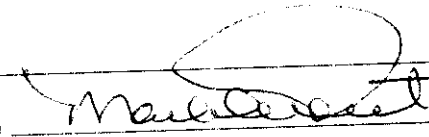


No. W 15311	Due no later than May 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CANYON RIM ORAL SURGERY, P.L.L.C. MARK A PLANT DDS PA 2064 WASHINGTON ST N TWIN FALLS, ID 83301		MARK A PLANT DDS PA 2064 WASHINGTON ST N TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>OWNER</td> <td>MARK A. PLANT</td> <td>2064 WASHINGTON ST. N.</td> <td>T.F.</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	OWNER	MARK A. PLANT	2064 WASHINGTON ST. N.	T.F.	ID	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
OWNER	MARK A. PLANT	2064 WASHINGTON ST. N.	T.F.	ID	83301											
5. Organized Under the Laws of: IDAHO W 15311		6. Signature  Name <small>(Typed or Printed)</small> <u>MARK A PLANT</u> Title <u>owner</u> Date <u>3/25/05</u>														

Issued 03/01/2005

Do Not Tape or Staple

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