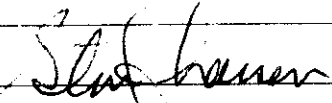


No. C 155259	Due no later than June 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX																														
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable PARKWEST DENTAL DESIGN, P.C. 1088 N SKYLINE DR IDAHO FALLS, ID 83402		STEVEN J LARSEN 1088 N SKYLINE DR IDAHO FALLS, ID 83402 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><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></td> <td>STEVEN J. LARSEN</td> <td>1088 N. Skyline Dr.</td> <td>Idaho Falls</td> <td>ID</td> <td>83402</td> </tr> <tr> <td></td> <td>pres.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Brett D. Jacobson</td> <td>Same</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Sec/treas</td> <td></td> <td></td> <td></td> <td></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>		STEVEN J. LARSEN	1088 N. Skyline Dr.	Idaho Falls	ID	83402		pres.						Brett D. Jacobson	Same					Sec/treas				
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5. Organized Under the Laws of: IDAHO C 155259		6. Signature  Date <u>13 Apr 05</u> Name (typed or Printed) <u>STEVEN J. LARSEN</u> Title <u>pres</u>																															