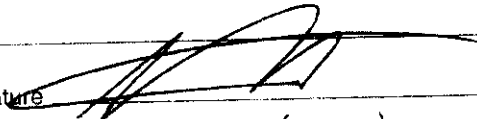


No. W 12557	Due no later than August 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CORNERSTONE DENTAL, PLLC SHANE L NEWTON, D.M.D. 1620 HARRISON BLVD <i>125 S. 10th E.</i> BOISE, ID 83702 <i>Mountain Home, ID. 83647</i>		SHANE L NEWTON, D.M.D. 1620 HARRISON BLVD BOISE, ID 83702 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <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><i>Shane Newton (President)</i></td> <td><i>PO Box 1496</i></td> <td><i>McCall</i></td> <td><i>ID.</i></td> <td><i>83638</i></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>		<i>Shane Newton (President)</i>	<i>PO Box 1496</i>	<i>McCall</i>	<i>ID.</i>	<i>83638</i>
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	<i>Shane Newton (President)</i>	<i>PO Box 1496</i>	<i>McCall</i>	<i>ID.</i>	<i>83638</i>										
5. Organized Under the Laws of: IDAHO W 12557	6.  Signature Name <small>(Typed or Printed)</small> <i>SHANE NEWTON</i>			Date <i>6/6/05</i> Title <i>PRESIDENT</i>											

Issued 06/01/2005

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