No. C 59483	Due no later than October 31, 200	5	2 Registered A	
Return to:	Annual Report Form 1. Mailing Address - Correct in this box, if applicable		2. Registered Agent and Office NO PO BOX JAMES K POULSEN	
SECRETARY OF STATE				
700 WEST JEFFERSON	POULSEN & JACOBS ORTHODONTICS DA		1453 WEST HAYS	ST
PO BOX 83720	GREGORY J SCHADE		BOISE, ID 83702	
BOISE, ID 83720-0080	1453 WEST HAYS ST. BOISE, ID 83702			
NO FILING FEE IF			3. New Registered	Agent Signature
RECEIVED BY DUE DATE				Agent Olynathre
4. Corporations: Enter Name	es and Business Addresses of President, Se			
Office held Name	of and Business Addresses of President, Se	ecretary a	and Directors.	
Name	Street or P.O. Address	City	<u>State</u>	Zip
		ise	ID	83702
	J Jacobs 1453 West Hays Bo		ID	83702
Sec/Treas Rebecca	J Poulsen 1453 West Hays B	oise	ID	83702
5. Organized Under the Laws of: IDAHO C 59483	6. Signature	ou (se) Date 1 <u>0</u>	/ 5/05
Issued 08/01/2005	Name (Typed or Rebecca J Por	llsen	Title Sec	/Treas
100000 VOIO 1/Z000	Do Not Tape or Staple			0004396