

No. W 35128		Due no later than Dec 30, 2005		2. Registered Agent and Address (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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MICHAEL A. BLOOM, DMD, PLLC PAUL W DAUGHARTY 110 E WALLACE AVE COEUR D ALENE ID 83814 0000		PAUL W DAUGHARTY 110 E WALLACE AVE COEUR D ALENE ID 83814 0000	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	MICHAEL A BLOOM DMD	9928 N GOVERNMENT WAY	HAYDEN	ID	83835
5. Organized Under the Laws of: IDAHO W 35128		6. Annual Report must be signed.* Signature: PAUL W. DAUGHARTY Name (type or print): PAUL W. DAUGHARTY Date: 10/14/2005 Title: REGISTERED AGENT			
Processed 10/14/2005		* Electronically provided signatures are accepted as original signatures.			