No. C 145779	Due no later than October 31, 2005	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form  1. Mailing Address - Correct in this box, if applicable  MOUNTAIN VIEW DENTAL CLINIC PROFESS  MARK E HARRIS DDS  390 S 3RD W  SODA SPRINGS, ID 83276	MARK E HARRIS DDS 390 S 3RD W SODA SPRINGS, ID 83276  3. New Registered Agent Signature
NO FILING FEE IF RECEIVED BY DUE DATE		L Disease
<ol> <li>Corporations: Enter Name</li> </ol>	es and Business Addresses of President, Secret	tary and Directors.
Office held Name	Street or P.O. Address	City State Zip
Secretary	Street or P.O. Address  Harris DDS 1746 Cedar View Rd.  T. Harris 1746 Cedar View Rd. So	
5. Organized Under the Laws of: IDAHO C 145779	6. Signature Mash Arr	
\	Name Printed Mark E. Harris	DDS Title President