

No. **W 22074**

**Due no later than December 31, 2004
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

1. Mailing Address. Correct in this box, if applicable

NORTH END DENTAL, PLLC
ANDREW B CHRISMAN
704 N 17TH ST
BOISE, ID 83702

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704 N 17TH ST
BOISE, ID 83702

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Limited Liability Companies: Enter Names and Addresses of Members.

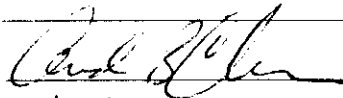
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President } Secretary } etc }	Andrew Chrisman	704 N. 17th	Boise	ID	83702

5. Organized Under the Laws of:

IDAHO
W 22074

6.

Signature



Date

11/9/04

Name (Typed or Printed)

Andrew B. Chrisman

Title

President