

No. **W 20870**

Due no later than September 30, 2005

Annual Report Form

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

ORAL SURGERY SERVICES, PLLC
310 N 2ND E STE 201
REXBURG, ID-83440

2. Registered Agent and Office NO PO BOX

BRYAN LEE
446 CLINTON ST
POCATELLO, ID 83204

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
owner	Bryan D Lee	310 N 2nd E Suite 201	Rexburg	Id	83440

5. Organized Under the Laws of:

IDAHO
W 20870

6.

Signature

Bryan D Lee

Date

9/13/05

Name
(Typed or
Printed)

BRYAN D. LEE

Title

OWNER

Issued 07/05/2005

Do Not Tape or Staple

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