

No. C 157165

Due no later than November 30, 2006
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

CENTER FOR CONTEMPORARY DENTISTRY,
PO BOX 1078 3317 S. BOWN WAY, STE 200
FRUITLAND, ID 83619 BOISE, ID 83706

2. Registered Agent and Office NO PO BOX

DR TIMOTHY J HUFF DDS
8865 BEATRICE DR 3317 S. LONGLEAF
FRUITLAND, ID 83649
BOISE, ID 83716

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	TIM HUFF DDS	3317 S. LONGLEAF AVE	BOISE	ID	83714
SECRETARY	COLINE HUFF	3317 S. LONGLEAF AVE	BOISE	ID	83714

5. Organized Under the Laws of:

IDAHO
C 157165

6.
Signature

(Typed or
Printed)


TIM HUFF, DDS

Date 11/15/04

Title PRESIDENT