

No. C 157165

Due no later than November 30, 2006  
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

CENTER FOR CONTEMPORARY DENTISTRY,  
~~PO BOX 4078 331~~ 3157 S. BOWN WAY, STE 200  
~~FRUITLAND, ID 83649~~ BOISE, ID 83706DR TIMOTHY J HUFF DDS  
8865 BEATRICE DR 3317 S. LONGLEAF  
FRUITLAND, ID 83649BOISE, ID  
83716NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

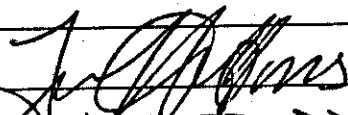
Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	TIM HUFF DDS	3317 S. LONGLEAF AVE	BOISE	ID	83714
SECRETARY	COLINE HUFF	3317 S. LONGLEAF AVE	BOISE	ID	83714

5. Organized Under the Laws of:

IDAHO  
C 157165

6.

Signature

Name  
(Typed or  
Printed)  
TIM HUFF, DDS

Date

11/15/06

Title

PRESIDENT

Issued 09/01/2006

Do Not Tape or Staple

200611004594