

No. W 22074

Due no later than December 31, 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

NORTH END DENTAL, PLLC
ANDREW B CHRISMAN
704 N 17TH ST
BOISE, ID 83702ANDREW B CHRISMAN
704 N 17TH ST
BOISE, ID 83702NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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 Owner	Andrew Chrisman	1210 N. 17th R	Boise	ID	83702


5. Organized Under the Laws of:

IDAHO
W 22074

6.

Signature

Name (Typed or Printed)


Date 10-10-06
Name Andrew Chrisman DDS Title Owner