| | Due no later than May 31, 2006 | 2 Parist |
|---------------------------------|---------------------------------------------------------|------------------------------------------|
| Return to: | Annual Report Form | 2. Registered Agent and Office NO PO BOX |
| SECRETARY OF STATE | 1. Mailing Address - Correct in this box, if applicable | DEWEY E WHITING |
| 700 WEST JEFFERSON | DENT DOCTORS, INC | 215 E PALOUSE RIVER DR |
| PO BOX 83720 | DEWEY E WHITING | MOSCOW, ID 83843 |
| BOISE, ID 83720-0080 | 215 E PALOUSE RIVER DR MOSCOW, ID 83843 | |
| NO FILING FEE IF | | 3. New Registered Agent Signature |
| RECEIVED BY DUE DATE | | |
| 4. Corporations: Enter Name | ond Duri | |
| Office Late Late Late 142116 | s and Business Addresses of President, Secreta | ary and Directors |
| Office held Name | Street or P.O. Address | , = 1,00,013, |
| Pres Jeff DeMaca | lecr 1028 Rooms rd. me hy 3010 Joseph st m | <u>State</u> Zip |
| 110 | , poor lacting fee. me | Store Id 83811 |
| V. P away when | my soin Touch sh | 2/ 2/ |
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| 5. Organized Under the Laws of: | - A - A | |
| IDAHO | | |
| | 6. Signature | Date _3 - 6 - 06 |
| IDAHO | Signature Want | Date <u>3 - 6 - 06</u> |
| IDAHO | | Date <u>3 - 6 - 06</u> |