	Due no later than December 31, 2005	2. Registered Agent and Office NO PO BOX
Return to:	Annual Report Form	FRANKLIN D TRANSTRUM
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	1198 E WALKER ST
700 WEST JEFFERSON	I-DENT PLLC	BLACKFOOT, ID 83221
PO BOX 83720	1198 E WALKER ST	52 1011 001, ID 63221
BOISE, ID 83720-0080	BLACKFOOT, ID 83221	
NO FILING FEE IF		3 New Registered Agent Ci
RECEIVED BY DUE DATE		3. New Registered Agent Signature
4. Limited Liability Companie	s: Enter Names and Addresses of Members.	
Office held Name	Street or P.O. Address City	<u>State</u> Zip
Member Franklin D.	Transtrum DDS, 1198 E. Walker	St., Blackfoot Id 83221
Member Michael C. 7	ranstrum DDS, 9893 Pinedale Dr	C. Colorado Springs co
		80920
5. Organized Under the Laws of: IDAHO W 10635	6. Signature Janks in D. Man	80920
5. Organized Under the Laws of: IDAHO	6.	80920