No. C 106884	Due no later than July 31, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	1. Mailing Address - Correct in this box, if applicable KARL D. PEACH, D.D.S., M.S., P.A. KARL D. PEACH, D.D.S., M.S 1145 E POLSTON AVE POST FALLS, ID 83854	KARL D. PEACH, D.D.S., M.S. 1145 E POLSTON AVE POST FALLS, ID 83854 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	Karl D. Peach	1145 E. Polston Ave	Post Falls	ID	83854

5. Organized Under the Laws of:	6.
IDAHO C 106884	Signature _____ Date 5/15/08 Name (Typed or Printed) Karl D Peach Title President

Issued 05/02/2008

Do Not Tape or Staple

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