

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

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

NO 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

Karl D. Peach

1145 E. Polston Ave

Post Falls

ID

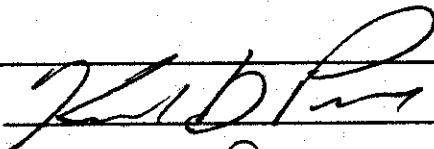
83854

5. Organized Under the Laws of:

IDAHO
C 106884

6.

Signature



Date

5/15/08

Name

(Typed or
Printed)

Karl D. Peach

Title

President