


No. C 137121	Due no later than January 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		DONNA S SCHAU DDS 1910 E SCHNEIDMILLER AVE STE B POST FALLS, ID 83854																			
	RIVER CITY DENTISTRY, A PROFESSIONA DONNA S SCHAU DDS 1910 E SCHNEIDMILLER AVE STE B POST FALLS, ID 83854		3. <u>New</u> Registered Agent Signature																			
<p>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Donna S. Schau, DDS</td> <td>1910 E. Schneidmiller, B</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>Sec'y</td> <td>Charles P. Lemposis JD</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Donna S. Schau, DDS	1910 E. Schneidmiller, B	Post Falls	ID	83854	Sec'y	Charles P. Lemposis JD	"	"	"	"
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5. Organized Under the Laws of: IDAHO C 137121		6. Signature  Date <u>11/7/05</u> Name <small>(Typed or Printed)</small> <u>Donna S. Schau, DDS</u> Title <u>President</u>																				

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