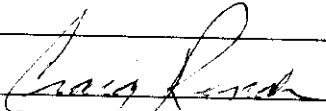


No. W 34709		Due no later than November 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Correct in this box, if applicable ADVANCED DENTAL CARE OF TWIN FALLS, 1148 HARMONY 342 N Blue Lakes Bl TWIN FALLS, ID 83301		CRAIG RENCHER 342 N BLUE LAKES DR B) TWIN FALLS, ID 83301	
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature	
4. Limited Liability Companies: Enter Names and Addresses of Managers.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	CRAIG RENCHER	1148 HARMONY Rd.	TWIN FALLS	ID	83301
5. Organized Under the Laws of: IDAHO W 34709		6. Signature  Date 10/30/05 Name (Typed or Printed) CRAIG RENCHER Title OWNER			

Issued 09/01/2005

Do Not Tape or Staple

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