

No. W 15311

Due no later than May 31, 2007  
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

CANYON RIM ORAL SURGERY, P.L.L.C.  
MARK A PLANT DDS PA  
2064 WASHINGTON ST N  
TWIN FASLLS, ID 83301

MARK A PLANT DDS PA  
2064 WASHINGTON ST N  
TWIN FALLS, ID 83301

3. New Registered Agent Signature

NO FILING FEE IF  
RECEIVED BY DUE DATE

4. Limited Liability Companies: Enter Names and Addresses of Managers.

| Office held  | Name              | Street or P.O. Address        | City       | State     | Zip          |
|--------------|-------------------|-------------------------------|------------|-----------|--------------|
| <i>owner</i> | <i>MARK PLANT</i> | <i>2064 WASHINGTON ST. N.</i> | <i>T.F</i> | <i>ID</i> | <i>83301</i> |

5. Organized Under the Laws of:  
IDAHO  
W 15311

6. Signature *Mark Plant* Date *3/14/07*  
Name (Typed or Printed) *MARK A. PLANT* Title *owner*