

No. C 137121

Due no later than January 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

RIVER CITY DENTISTRY, A PROFESSIONAL
DONNA S SCHAU DDS
1910 E SCHNEIDMILLER AVE STE B
POST FALLS, ID 83854

DONNA S SCHAU DDS
1910 E SCHNEIDMILLER AVE STE B
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	Donna S. Schau	1910 E Schneidmiller Ave Suite B	Post Falls	Id	83854
-----------	----------------	----------------------------------	------------	----	-------

Secretary	Charles B. Lempesis	1910 E. Schneidmiller Ave Ste B	Post Falls, Id		83854
-----------	---------------------	---------------------------------	----------------	--	-------

5. Organized Under the Laws of:

IDAHO
C 137121

6.

Signature

Date

11-9-06

Name

(Typed or
Printed)

DONNA S. SCHAU

Title

President