

no later than July 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Filing Address - Correct in this box, if applicable

GARY J NELSON
1954 PINEWOOD DR
IDAHO FALLS, ID 83401

GARY J. NELSON, DMD, P.A.
GARY NELSON
1954 PINEWOOD DR
IDAHO FALLS, ID 83401

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres.	Gary J Nelson DMD	3350 S 15E	Idaho Falls	ID	83404
Office man.	Debbie Nelson	" "	" "	" "	" "

5. Organized Under the Laws of:

IDAHO
C 144802

6.

Signature

Debbie Nelson

Date

5-21-07

Name (Typed or Printed)

Debbie Nelson

Title

Office Manager