

<p>No. W 19921</p> <p>Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080</p> <p>NO FILING FEE IF RECEIVED BY DUE DATE</p>	<p>Due no later than July 31, 2005 Annual Report Form</p> <p>1. Mailing Address - Correct in this box, if applicable</p> <p>MOUNTAINS WEST DENTAL CLINIC, PLLC MONTE EPPICH PO BOX 572 COUNCIL, ID 83612</p>	<p>2. Registered Agent and Office NO PO BOX</p> <p>MONTE EPPICH 502 N DARTMOUTH COUNCIL, ID 83612</p> <p>3. <u>New</u> Registered Agent Signature</p>												
<p>4. Limited Liability Companies: Enter Names and Addresses of Members.</p> <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER.</td> <td>MONTE R. EPPICH</td> <td>P.O. Box 572</td> <td>COUNCIL</td> <td>ID</td> <td>83612</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>	MEMBER.	MONTE R. EPPICH	P.O. Box 572	COUNCIL	ID	83612
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
MEMBER.	MONTE R. EPPICH	P.O. Box 572	COUNCIL	ID	83612									
<p>5. Organized Under the Laws of:</p> <p>IDAHO W 19921</p>	<p>6. Signature <u>MONTE R. EPPICH</u> Date <u>5/20/05</u></p> <p>Name <small>(Type or Print)</small> <u>MONTE R. EPPICH</u> Title <u>MEMBER</u></p>													

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