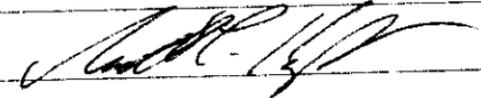


No. C 139259	Due no later than May 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MOUNTAIN VIEW DENTAL P.A. SCOTT EDWARD HAYHURST 193 W RIVER TRAIL DR EAGLE, ID 83616		SCOTT EDWARD HAYHURST 193 W RIVER TRAIL DR EAGLE, ID 83616 3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.															
<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>President</td> <td>Scott E. Hayhurst</td> <td>193 W. River Trail Dr.</td> <td>Eagle</td> <td>ID</td> <td>83616</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>	President	Scott E. Hayhurst	193 W. River Trail Dr.	Eagle	ID	83616
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Scott E. Hayhurst	193 W. River Trail Dr.	Eagle	ID	83616										
5. Organized Under the Laws of: IDAHO C 139259	6. Signature  Date <u>5/9/05</u> Name <small>(Type in Printed)</small> <u>Scott E. Hayhurst</u> Title <u>President</u>														