No. **W 35128**	**Due no later than Dec 31, 2006** **Annual Report Form**	2. Registered Agent and Address **(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 needed.** MICHAEL A. BLOOM, DMD, PLLC PAUL W DAUGHARTY 110 E WALLACE AVE COEUR D ALENE ID 83814	PAUL W DAUGHARTY 110 E WALLACE AVE COEUR D ALENE ID 83814 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	MICHAEL A BLOOM DMD	9928 N GOVERNMENT WAY	HAYDEN	ID		83835

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
IDAHO **W 35128**	Signature: PAUL W. DAUGHARTY	Date: 10/13/2006
	Name (type or print): PAUL W. DAUGHARTY	Title: Registered Agent

Processed 10/13/2006

* Electronically provided signatures are accepted as original signatures.