No. C 52051

Due no later than September 30, 2006
Annual Report Form

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

WENDEL J. LEWIS, D.M.D., P.A.
WENDEL J. LEWIS, D.M.D.
130 W MAIN
REXBURG, ID 83440

2. Registered Agent and Office **NO PO BOX**

WENDEL J. LEWIS, D.M.D.
130 W MAIN
REXBURG, ID 83340

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
Pres	WENDEL J. LEWIS DMD	130 W MAIN	Rexburg	IDAHO	83440
Sec.	SHARON B. LEWIS	130 W. MAIN	"	"	"

5. Organized Under the Laws of:
IDAHO
C 52051

6. Signature [signature] Date 13 July 06

Name (Typed or Printed) _____ Title _____

Do Not Tape or Staple

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