

No. C 112407		Due no later than Oct 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. BETHEL DENTAL GROUP, P.A. ROBERT O STEVENS 9460 WEST FRANKLIN RD BOISE ID 83709		ROBERT O STEVENS 9460 WEST FRANKLIN RD BOISE ID 83709			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	ROBERT O STEVENS	9460 W. FRANKLIN ROAD	BOISE	ID	USA	83709	
SECRETARY	MAUREEN STEVENS	9460 W FRANKLIN RD	BOISE	ID	USA	83709	
5. Organized Under the Laws of: IDAHO C 112407		6. Annual Report must be signed.* Signature: Robert O Stevens Name (type or print): Robert O Stevens					
Processed 11/09/2006		* Electronically provided signatures are accepted as original signatures. Date: 11/09/2006 Title: President					