

No. C 149422	Due no later than May 31, 2004 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	RIVERWOOD FAMILY DENTAL CARE P.C. KURT J MARKUSON 1871 N PILGRIM AVE		KURT J MARKUSON 1558 N CRESTMONT DR STE A MERIDIAN, ID 83642																			
NO FILING FEE IF RECEIVED BY DUE DATE	BOISE, ID 83704		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>Kurt J. Markuson</td><td>1871 N. Pilgrim Ave</td><td>Boise</td><td>ID</td><td>83704</td></tr><tr><td>Secretary</td><td>Jennifer Markuson</td><td>1871 N. Pilgrim Ave</td><td>Boise</td><td>ID</td><td>83704</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	Kurt J. Markuson	1871 N. Pilgrim Ave	Boise	ID	83704	Secretary	Jennifer Markuson	1871 N. Pilgrim Ave	Boise	ID	83704
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Secretary	Jennifer Markuson	1871 N. Pilgrim Ave	Boise	ID	83704																	
5. Organized Under the Laws of: IDAHO C 149422	6. Signature <u>Kurt J. Markuson</u> Date <u>6/17/04</u> Name (Typed or Printed) _____ Title _____																					

Issued 06/07/2004

Do Not Tape or Staple

Fold, seal and mail this portion.

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