

No. C 144713	Due no later than July 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		KEVIN KOHLER - <i>PRESIDENT</i> 2636 E GREENTREE CT EAGLE, ID 83616												
	KEVIN KOHLER, D.M.D., P.C. 2636 E GREENTREE CT EAGLE, ID 83616 <i>12426 W EXPLORER DR., STE 210</i> <i>BOISE, ID 83713</i>		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>KEVIN KOHLER, DMD</td> <td>12426 W EXPLORER DR., STE 210</td> <td>BOISE,</td> <td>ID</td> <td>83713</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	KEVIN KOHLER, DMD	12426 W EXPLORER DR., STE 210	BOISE,	ID	83713
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
PRESIDENT	KEVIN KOHLER, DMD	12426 W EXPLORER DR., STE 210	BOISE,	ID	83713										
5. Organized Under the Laws of: IDAHO C 144713	6. Signature <i>Kevin DMD</i> Date <i>5/10/05</i> Name <small>(Type or Print)</small> <i>KEVIN KOHLER, DMD</i> Title <i>PRESIDENT</i>														