No. <b>C 161369</b>	Due no later than Jul 31, 2007	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	Annual Report Form  1. Mailing Address: Correct in this box if needed.  OWEN DENTAL PC JARIN O. HAMMER 2105 CORONADO ST IDAHO FALLS ID 83404	JARIN O HAMMER 2105 CORONADO ST IDAHO FALLS ID 83404  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busin	ess Addresses of President, Secretary, and Directors. Treasurer	(ontional)			
Office Held Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT JOHN OWEN	I 333 S WOODRUFF AVE	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
IDAHO	Signature: Jarin O Hammer	Date: 05/18/2007			
C 161369	Name (type or print): Jarin O Hammer	Title: Registered Agent			
Processed 05/18/2007	* Electronically provided signatures are accepted as original signatures.				