No. C 112953 Return to:	Due no later than December 31, 2007  Annual Report Form  1. Mailing Address - Correct in this box, if applicable [1]  JAMES R. MILLER, D.D.S., P.A.  1305 US HWY 2 WEST  SANDPOINT, ID 83864		2. Registered Agent and Office NO PO BOX  JAMES R MILLER 1305 US HWY 2 WEST SANDPOINT, ID 83864		
SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080					
NO FILING FEE IF RECEIVED BY DUE DATE				d Agent Signature	
<ol> <li>Corporations: Enter Nan</li> </ol>	nes and Business Addresses of President	dent, Secretar	y and Directors	3.	
Office held Name	Street or P.O. Address	City	Stat	<u>e Zip</u>	
President James R N	like GG Tamtam Dr	SOBIR	Io	<b>4386</b> 0	
	ller GG Tarmam Dr	50816	JO	o 83860	
5. Organized Under the Laws of: IDAHO C 112953	6. Signature	1.106		Date 10-10-07	
	Name (Typed or Names L	Miller		sec/ela/4	
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