

No. C 122045

Due no later than December 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

1. Mailing Address - Correct in this box, if applicable

PRIEST RIVER DENTAL CARE PA  
CHAD M THOMPSON  
PO BOX 1347  
PRIEST RIVER, ID 83856

CHAD M THOMPSON DDS  
314 E ALBENI HWY  
PO BOX 1347  
PRIEST RIVER, ID 83856

3. New Registered Agent Signature

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

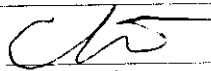
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Chad Thompson	PO Box 1347	Priest River	ID	83856
Secretary					

5. Organized Under the Laws of:

IDAHO  
C 122045

6.

Signature



Date

10-11-04

Name (Typed or Printed)

Chad Thompson

Title

President