No. <b>C 136757</b>		ALTERNATIONS DESCRIPTION OF THE STATE OF THE		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  STACY J. MOON, D.D.S., P.A.  STACY J MOON DDS  6019 N EAGLE RD  BOISE ID 83713 0000		STACY J MOON 6019 N EAGLE RD BOISE ID 83713 0000  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		ness Addresses of Preside	nt. Secretary, and Directors. Tre	easurer (	optional).			
Office Held	Name		Street or PO Address	- C	City	State	Country	Postal Code
PRESIDENT	STACY J M	OON	6019 N. EAGLE ROAD		BOISE	ID	USA	83713
5. Organized Under the Laws of:  IDAHO C 136757		6. Annual Report must be signed.* Signature: Stacy J. Moon Name (type or print): Stacy J. Moon			Date: 01/03/2006 Title: President			
Processed 01/03/2006 * Electronically provided signatures are accepted as original signatures.								