STATE OF IDAHO
PETE T. CENARRUSA
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

PRESORTED
FIRST-CLASS
U.S. POSTAGE PAID
Boise, ID
PERMIT No. 1

RETURN SERVICE REQUESTED

IDAHO ANNUAL REPORT FORM C 54524

THIS IS THE ONLY NOTICE YOU WILL RECEIVE

THOMAS G. WALSH, DDS., P.A.
THOMAS G WALSH
1027 SHERMAN AVE
COEUR D' ALENE, ID 83814

No. C 54524	Due no later than Nov 30, 2002 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	THOMAS G. WALSH, DDS., P.A. THOMAS G WALSH 1027 SHERMAN AVE	THOMAS G WALSH 1027 SHERMAN AVE COEUR D' ALENE, ID 83814
NO FILING FEE IF RECEIVED BY DUE DATE	COEUR D' ALENE, ID 83814	3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
President	THOMAS G. WALSH	1027 SHERMAN	COEUR D'ALENE	ID	83814
Secretary	"	"	"	"	"
Director	"	"	"	"	"

5. Organized Under the Laws of:	6.
IDAHO C 54524	Signature Thomas Walsh Date 12-04-02 Name (Typed or Printed) THOMAS G. WALSH Title President

Issued 12/04/2002

Do Not Tape or Staple

Fold, seal and mail this portion.

Detach at this perforation and discard this lower portion.

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

BLOCK 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

BLOCK 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

BLOCK 3: Only a new registered agent must sign in Block 2.

BLOCK 4: Enter names and business addresses of president, secretary, and directors (for corporations only) or managers/members (for LLC's only). **Note: Putting "same as last year" or "same as above" will not be accepted. Changes here will not affect the address in Block 1.**

BLOCK 5: May not be altered through the use of this form.

BLOCK 6: The annual report must be signed by a person authorized to represent the corporation/LLC. Print or type the name and title of the signer below the signature.

**** The image of this form will be available on the Internet once it is filed. DO NOT enter Social Security Numbers.**

If the (corporation/Limited Liability Company) is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on our website at www.idsos.state.id.us. However, if no timely annual report is filed, administrative action will be taken, at no cost to the (corporation/Limited Liability Company), to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED