

No. C 150024	Due no later than July 31, 2005																				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		2. Registered Agent and Office NO PO BOX																		
	1. Mailing Address - Correct in this box, if applicable ROBERT D. NIELSON, D.M.D., P.A. 695 TIEBREAKER DR AMMON, ID 83406		STEPHEN TELFORD 2635 CHANNING WY IDAHO FALLS, ID 83404 3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Robert D Nielson</td> <td>645 Tiebreaker</td> <td>Idaho Falls</td> <td>ID</td> <td>83406</td> </tr> <tr> <td>Secretary</td> <td>Lori Nielson</td> <td>645 Tiebreaker</td> <td>Idaho Falls</td> <td>ID</td> <td>83406</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Robert D Nielson	645 Tiebreaker	Idaho Falls	ID	83406	Secretary	Lori Nielson	645 Tiebreaker	Idaho Falls	ID	83406
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Secretary	Lori Nielson	645 Tiebreaker	Idaho Falls	ID	83406																
5. Organized Under the Laws of: IDAHO C 150024	6. Signature <u><i>Lori Nielson</i></u> Date <u>5-6-05</u> Name (Typed or Printed) <u>Lori Nielson</u> Title <u>Secretary</u>																				

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