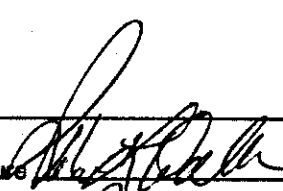


No. W 31687 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than July 31, 2007 Annual Report Form 1. Mailing Address - Correct in this box, if applicable MADISON PARK DENTAL CENTER, PLLC ROBERT L WALKER 35 MADISON PROFESSIONAL PK REXBURG, ID 83440	2. Registered Agent and Office NO PO BOX ROBERT L WALKER 35 MADISON PROFESSIONAL PK REXBURG, ID 83440 J.M.C. COMPANY, I have R. L. Walker, D. Walker 3. New Registered Agent Signature [Signature]												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 15%;">State</th> <th style="text-align: left; width: 15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Robert L. Walker</td> <td>35 Madison Professional Park</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Robert L. Walker	35 Madison Professional Park	Rexburg	ID	83440
Office held	Name	Street or P.O. Address	City	State	Zip									
President	Robert L. Walker	35 Madison Professional Park	Rexburg	ID	83440									
5. Organized Under the Laws of: IDAHO W 31687	6. Signature  Name (Typed or Printed) <u>Robert L. Walker</u> Date <u>5/21/07</u> Title <u>President</u>													

Issued 05/01/2007

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