

No. W 33460

Due no later than September 30, 2005

Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

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

DOUGLAS B. AKERS, DDS, MS P.L.L.C.
2009 SUNRISE WAY
POCATELLO, ID 83201

2. Registered Agent and Office **NO PO BOX**

DOUGLAS B AKERS
2009 SUNRISE WAY
POCATELLO, ID 83201

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

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	DOUGLAS AKERS	2009 SUNSHINE WAY	POCATELLO	ID	83201

5. Organized Under the Laws of:

IDAHO
W 33460

6.

Signature

Douglas B Akers

Date

7-18-05

Name

(Typed or Printed)

Douglas B Akers

Title

Periodontist

Issued 07/05/2005

Do Not Tape or Staple

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