No. W 12557	Due no later than August 31, 2007 Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 ROISE ID 83720-0080	1. Mailing Address - Correct in this box, if applicable and CORNERSTONE DENTAL, PLLC SHANE L NEWTON DMD PO BOX 1496 MCCALL, ID 83638	SHANE L NEWTON, D.M.D.  1620 HARRISON BLVD  90/3E, ID 83702  977 Pine Terracy  McG41 1 8363 X  3. New Registered Agent Signature
	: Enter Names and Addresses of Members.	
	wton P.O. Box 1496 M	$\frac{\text{State}}{\text{COM1}}$ , $\frac{\text{State}}{\text{Id}}$ 83638
		ammonga magmak makeni ada periodokan kendulah mendulah ber
5. Organized Under the Laws of: IDAHO W 12557	Signature  Name (Typed or SHANC NCW)	Date b/11/07 orl Title Member
Issued 06/01/2007	Do Not Tape or Staple	200708005030