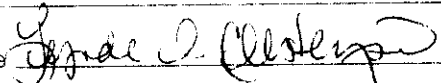
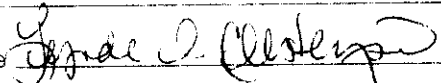
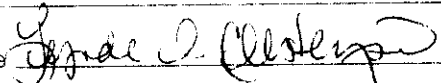


| <b>No. W 25019</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Due no later than July 31, 2005</b><br><b>Annual Report Form</b>                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                 | 2. Registered Agent and Office <b>NO PO BOX</b><br><br>LYNDE CHRISTENSEN<br>4202 CLOCKTOWER AVE STE B<br>CALDWELL, ID 83607 |                                                                                              |                     |                                                           |                              |              |            |                           |                   |                        |          |    |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------|------------------------------|--------------|------------|---------------------------|-------------------|------------------------|----------|----|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1. Mailing Address - Correct in this box, if applicable</b><br><br>CHRISTENSEN DENTAL, PLLC<br>LYNDE CHRISTENSEN<br>4105 CLOCKTOWER AVE<br>CALDWELL, ID 83607 |                                                                                                                                                                                                                                                                                                                                                                                                 | 3. <u>New</u> Registered Agent Signature                                                                                    |                                                                                              |                     |                                                           |                              |              |            |                           |                   |                        |          |    |       |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Owner/<br/>Managing Member</td> <td style="vertical-align: top;">Lynde Christensen</td> <td style="vertical-align: top;">2921 Quail Meadow Loop</td> <td style="vertical-align: top;">Caldwell</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83605</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> | Owner/<br>Managing Member | Lynde Christensen | 2921 Quail Meadow Loop | Caldwell | ID | 83605 |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>Name</u>                                                                                                                                                      | <u>Street or P.O. Address</u>                                                                                                                                                                                                                                                                                                                                                                   | <u>City</u>                                                                                                                 | <u>State</u>                                                                                 | <u>Zip</u>          |                                                           |                              |              |            |                           |                   |                        |          |    |       |
| Owner/<br>Managing Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Lynde Christensen                                                                                                                                                | 2921 Quail Meadow Loop                                                                                                                                                                                                                                                                                                                                                                          | Caldwell                                                                                                                    | ID                                                                                           | 83605               |                                                           |                              |              |            |                           |                   |                        |          |    |       |
| 5. Organized Under the Laws of:<br><br><div style="text-align: center;">IDAHO<br/>W 25019</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                  | 6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <b>5/11/05</b></td> </tr> <tr> <td>Name <small>(Printed)</small> <b>Lynde D. Christensen</b></td> <td>Title <b>Managing Member</b></td> </tr> </table> |                                                                                                                             | Signature  | Date <b>5/11/05</b> | Name <small>(Printed)</small> <b>Lynde D. Christensen</b> | Title <b>Managing Member</b> |              |            |                           |                   |                        |          |    |       |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date <b>5/11/05</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |                                                                                              |                     |                                                           |                              |              |            |                           |                   |                        |          |    |       |
| Name <small>(Printed)</small> <b>Lynde D. Christensen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Title <b>Managing Member</b>                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |                                                                                              |                     |                                                           |                              |              |            |                           |                   |                        |          |    |       |