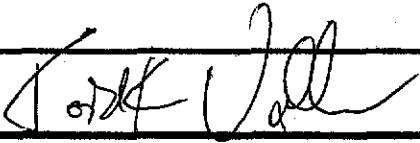


| No. <b>C 152702</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Due no later than Jan 31, 2010<br>Annual Report Form                                                                                                                                |                        | 2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> )<br>TODD K WALKER<br>7723 W RIVERSIDE DR<br>BOISE ID 83714 |       |             |             |                      |      |       |         |             |           |                     |                        |        |    |  |       |                      |                                                     |                        |        |    |  |       |          |                     |                        |        |    |  |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------|-------|-------------|-------------|----------------------|------|-------|---------|-------------|-----------|---------------------|------------------------|--------|----|--|-------|----------------------|-----------------------------------------------------|------------------------|--------|----|--|-------|----------|---------------------|------------------------|--------|----|--|-------|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1. Mailing Address: Correct in this box if needed.<br>TODD K. WALKER, D.D.S., P.C.<br>TODD K WALKER D.D.S., P.C.<br>1001 S.W. 5TH AVE., SUITE 2150<br>PORTLAND OR 97204             |                        | 3. New Registered Agent Signature.                                                                                 |       |             |             |                      |      |       |         |             |           |                     |                        |        |    |  |       |                      |                                                     |                        |        |    |  |       |          |                     |                        |        |    |  |       |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Todd K. Walker, DDS</td> <td>7723 W. Riverside Dr.,</td> <td>Boise,</td> <td>ID</td> <td></td> <td>83714</td> </tr> <tr> <td><del>Secretary</del></td> <td><del>Angelina L. Evans</del><br/><i>Windy Walker</i></td> <td>7723 W. Riverside Dr.,</td> <td>Boise,</td> <td>ID</td> <td></td> <td>83714</td> </tr> <tr> <td>Director</td> <td>Todd K. Walker, DDS</td> <td>7723 W. Riverside Dr.,</td> <td>Boise,</td> <td>ID</td> <td></td> <td>83714</td> </tr> </tbody> </table> |                                                                                                                                                                                     |                        |                                                                                                                    |       | Office Held | Name        | Street or PO Address | City | State | Country | Postal Code | President | Todd K. Walker, DDS | 7723 W. Riverside Dr., | Boise, | ID |  | 83714 | <del>Secretary</del> | <del>Angelina L. Evans</del><br><i>Windy Walker</i> | 7723 W. Riverside Dr., | Boise, | ID |  | 83714 | Director | Todd K. Walker, DDS | 7723 W. Riverside Dr., | Boise, | ID |  | 83714 |
| Office Held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name                                                                                                                                                                                | Street or PO Address   | City                                                                                                               | State | Country     | Postal Code |                      |      |       |         |             |           |                     |                        |        |    |  |       |                      |                                                     |                        |        |    |  |       |          |                     |                        |        |    |  |       |
| President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Todd K. Walker, DDS                                                                                                                                                                 | 7723 W. Riverside Dr., | Boise,                                                                                                             | ID    |             | 83714       |                      |      |       |         |             |           |                     |                        |        |    |  |       |                      |                                                     |                        |        |    |  |       |          |                     |                        |        |    |  |       |
| <del>Secretary</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <del>Angelina L. Evans</del><br><i>Windy Walker</i>                                                                                                                                 | 7723 W. Riverside Dr., | Boise,                                                                                                             | ID    |             | 83714       |                      |      |       |         |             |           |                     |                        |        |    |  |       |                      |                                                     |                        |        |    |  |       |          |                     |                        |        |    |  |       |
| Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Todd K. Walker, DDS                                                                                                                                                                 | 7723 W. Riverside Dr., | Boise,                                                                                                             | ID    |             | 83714       |                      |      |       |         |             |           |                     |                        |        |    |  |       |                      |                                                     |                        |        |    |  |       |          |                     |                        |        |    |  |       |
| 5. Organized Under the Laws of: <b>IDAHO C 152702</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6. Signature: <br>Name (type or print): Todd K. Walker, DDS<br>Date: 12/15/09<br>Title: President |                        |                                                                                                                    |       |             |             |                      |      |       |         |             |           |                     |                        |        |    |  |       |                      |                                                     |                        |        |    |  |       |          |                     |                        |        |    |  |       |
| Issued 12/09/2009 by CLH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                     | 201001003471           |                                                                                                                    |       |             |             |                      |      |       |         |             |           |                     |                        |        |    |  |       |                      |                                                     |                        |        |    |  |       |          |                     |                        |        |    |  |       |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM