

No. C 106884

Due no later than July 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

KARL D. PEACH, D.D.S., M.S., P.A.
KARL D. PEACH, D.D.S., M.S.
1145 E POLSTON AVE
POST FALLS, ID 83854

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1145 E POLSTON AVE
POST FALLS, ID 83854

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

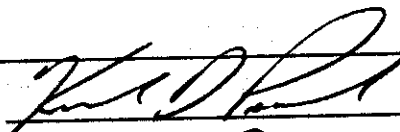
| Office held | Name | Street or P.O. Address | City | State | Zip |
|-------------|--------------|------------------------|------------|-------|-------|
| President | Karl Peach | 1145 E. Polston Ave | Post Falls | ID | 83854 |
| Secretary | Brenda Peach | 1145 E. Polston Ave | Post Falls | ID | 83854 |

5. Organized Under the Laws of:

IDAHO
C 106884

6.

Signature



Date

5/24/07

Name

(Typed or
Printed)

Karl D. Peach

Title

President