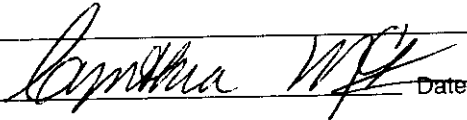


No. C 154885	Due no later than May 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		CYNTHIA A MCKIM DMD 5360 N EAGLE RD BOISE, ID 83713												
	BOISE CENTER FOR COSMETIC DENTISTRY 5360 N EAGLE RD BOISE, ID 83713		3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>Cynthia McKim</td> <td>5360 N EAGLE RD</td> <td>BOISE</td> <td>ID</td> <td>83713</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>	PRESIDENT	Cynthia McKim	5360 N EAGLE RD	BOISE	ID	83713
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
PRESIDENT	Cynthia McKim	5360 N EAGLE RD	BOISE	ID	83713										
5. Organized Under the Laws of: IDAHO C 154885	6. Signature  Date _____ Name (Typed or Printed) _____ Title _____														