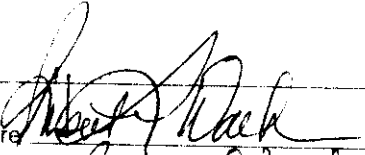


No. W 31687	Due no later than July 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MADISON PARK DENTAL CENTER, PLLC ROBERT L WALKER 35 MADISON PROFESSIONAL PK REXBURG, ID 83440		ROBERT L WALKER 35 MADISON PROFESSIONAL PK REXBURG, ID 83440 3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Office held</th> <th style="width:20%;">Name</th> <th style="width:30%;">Street or P.O. Address</th> <th style="width:15%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Robert L. Walker</td> <td>35 Madison Prof Park</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Robert L. Walker	35 Madison Prof Park	Rexburg	ID	83440
Office held	Name	Street or P.O. Address	City	State	Zip											
President	Robert L. Walker	35 Madison Prof Park	Rexburg	ID	83440											
5. Organized Under the Laws of: IDAHO W 31687		6. Signature  Name (Typed or Printed) <u>Robert L. Walker</u> Date <u>6/13/05</u> Title <u>President</u>														

Issued 05/02/2005

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