No. W 31687	Due no later than July 31, 2005  Annual Report Form	2. Registered Agent and Office NO PO BO
Return to: SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	ROBERT L WALKER
700 WEST JEFFERSON	MADISON PARK DENTAL CENTER, PLLC	35 MADISON PROFESSIONAL PK REXBURG, ID 83440
PO BOX 83720	ROBERT L WALKER	NEABURG, ID 85440
BOISE, ID 83720-0080	35 MADISON PROFESSIONAL PK REXBURG, ID 83440	
NO FILING FEE IF	KENDOKO, ID 83440	3. New Registered Agent Signature
RECEIVED BY DUE DATE		
	anige: Enter Names and Add	
	anies: Enter Names and Addresses of Members.	
Office held Name	Street or P.O. Address	Y <u>State</u> Zip
President Kobertot. Wa	sour 35 manish roy rain level	N II 33440
President Koberton Wa	ther 35 madion Prop Park Pexs	$\frac{State}{IJ}$ \$3,440
President Kobertat. Wa	side 35 madrin 1-19 rain 16x3	ng 11 83,440
rresident Kobertot. Wa	sier 35 maasie 1-ry rain 1625	vg 11 83440
rresident Kobertot. Wa	side as made in fair less	rg 11 83,440
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rresident Kobertot. Wa	and as made ing rain less	vz 12 83440
rresident Kobertot. Wa	1) 1-	vz 12 83440
		yz 12 83,440
5. Organized Under the Laws of:	6. (A) (A) (A)	
5. Organized Under the Laws of: IDAHO		
5. Organized Under the Laws of:	6. Signature Mach	
5. Organized Under the Laws of: IDAHO	6. (A) (A) (A)	