No. W 2847	Due no later than August 31, 2005 Annual Report Form 1. Mailing Address - Correct in this box, if applicable CHANNING WAY DENTAL CARE, PLLC GLADE L PETERSON 2205 CHANNING WAY STE B IDAHO FALLS, ID 83404		2. Registered Agent and Office NO PO BOX GLADE L PETERSON 2205 CHANNING WAY IDAHO FALLS, ID 83404 3. New Registered Agent Signature	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				
4. Limited Liability Compar	nies: Enter Names and Addresses of Me	mbers.		
Office held Name	Street or P.O. Address	City	State	<u>Zip</u>
	Peterson, D.M.D. 3709 E 100 P	Rigby	ID	83442
Owner/Partner Jeffrey A	,		Falls ID	83406
5. Organized Under the Laws of: IDAHO W 2847	6. Signature Name Portidic Glade I. Pe		DateO	