

No. W 20870

Due no later than September 30, 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

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

ORAL SURGERY SERVICES, PLLC  
310 N 2ND E STE 201  
REXBURG, ID 83440

BRYAN LEE

~~448 CLINTON ST~~ 165 MARIANNE DR  
~~BOCATELLO, ID 83204~~ REXBURG, ID  
83440NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

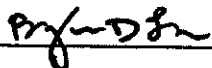
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
OWNER	BRYAN D. LEE	310 N. 2ND E. Suite 201	REXBURG	ID	83440

5. Organized Under the Laws of:

IDAHO  
W 20870

6.

Signature



Date

7/20/06

Name (Typed or Printed)

BRYAN D. LEE

Title

OWNER