

<b>No. W 15928</b>  Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than July 31, 2004</b> <b>Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable  LIGHTHOUSE DENTAL, PLLC. MICHAEL L HIGGINSON 1177 N EAGLE RD EAGLE, ID 83616	2. Registered Agent and Office <b>NO PO BOX</b>  MICHAEL L HIGGINSON 1177 N EAGLE RD EAGLE, ID 83616  3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members.  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">MANAGER</td> <td style="vertical-align: top;">Michael Higginson</td> <td style="vertical-align: top;">1177 N. Eagle Rd.</td> <td style="vertical-align: top;">Eagle</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83616</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>	MANAGER	Michael Higginson	1177 N. Eagle Rd.	Eagle	ID	83616
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MANAGER	Michael Higginson	1177 N. Eagle Rd.	Eagle	ID	83616									
5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO W 15928</div>	6. Signature: <u>Michael Higginson</u> Date: <u>7/13/04</u> Name (Typed or Printed): <u>Michael L Higginson</u> Title: <u>Manager</u>													