

No. **C 150665**

Due no later than September 30, 2004
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

DR. DARRON H. KELLEY, D.D.S., P.C.
35 S STATE
PRESTON, ID 83263

DR DARRON H KELLEY
35 S STATE
PRESTON, ID 83263

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

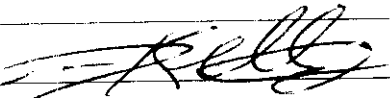
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	DARRON H. KELLEY	35 S. STATE	PRESTON	ID	83263

5. Organized Under the Laws of:

IDAHO
C 150665

6.

Signature



Date

7.28.04

Name (Type or Printed)

DARRON KELLEY

Title

DDS