No. W 26693

Due no later than November 30, 2007

Annual Report Form

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

1. Mailing Address - Correct in this box, if applicable
K & K WALLACE, LLC
DARREN WALLACE
506 E 2ND ST
EMMETT, ID 83617

2. Registered Agent and Office NO PO BOX
DARREN WALLACE
506 E 2ND ST
EMMETT, ID 83617

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Darren Wallace, DMD	506 E. 2nd St.	Emmett	ID	83617
Manager	Andrea Wallace, DMD	506 E. 2nd St.	Emmett	ID	83617

5. Organized Under the Laws of:
IDAHO
W 26693

6.
Signature Andrea Wallace, DMD Date 9/9/07
Name (Typed or Printed) Andrea Wallace, DMD Title Manager

200711004937

Issued 09/04/2007

Do Not Tape or Staple