

<b>No. W 58625</b>		<b>Due no later than January 31, 2009</b>		<b>2. Registered Agent and Office NO PO BOX</b>													
<b>Return to:</b> SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		RYAN HILLAM 211 N WHITLEY DR STE 3 FRUITLAND, ID 83619													
		1. Mailing Address - Correct in this box, if applicable  IDAHO ORAL SURGERY PLLC RYAN HILLAM 211 N WHITLEY DR STE 3 FRUITLAND, ID 83619 USA		3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members.																	
<table><thead><tr><th><u>Office held</u></th><th><u>Name</u></th><th><u>Street or P.O. Address</u></th><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></th></tr></thead><tbody><tr><td></td><td>RYAN D. HILLAM</td><td>211 N. WHITLEY DR. Ste 3</td><td>FRUITLAND</td><td>ID</td><td>83619</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>		RYAN D. HILLAM	211 N. WHITLEY DR. Ste 3	FRUITLAND	ID	83619
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>												
	RYAN D. HILLAM	211 N. WHITLEY DR. Ste 3	FRUITLAND	ID	83619												
5. Organized Under the Laws of:  IDAHO W 58625		6. <table><tr><td>Signature</td><td><u>Ryan Hillam</u></td><td>Date</td><td><u>Nov 24 08</u></td></tr><tr><td>Name (Typed or Printed)</td><td><u>RYAN HILLAM</u></td><td>Title</td><td><u>Oral Surgeon</u></td></tr></table>				Signature	<u>Ryan Hillam</u>	Date	<u>Nov 24 08</u>	Name (Typed or Printed)	<u>RYAN HILLAM</u>	Title	<u>Oral Surgeon</u>				
Signature	<u>Ryan Hillam</u>	Date	<u>Nov 24 08</u>														
Name (Typed or Printed)	<u>RYAN HILLAM</u>	Title	<u>Oral Surgeon</u>														

05/2008

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