

No. W 28223		Due no later than Jan 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. RIVER CITY DENTAL, PLLC TODD K WALKER 7723 W RIVERSIDE DR BOISE ID 83714 USA		TODD K WALKER DDS 7723 W RIVERSIDE DR BOISE ID 83714			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	TODD K WALKER DDS PC	5125 N RIVERFRONT DR.	BOISE	ID	USA	83714	
5. Organized Under the Laws of: ID W 28223		6. Annual Report must be signed.* Signature: Todd K Walker Name (type or print): Todd K Walker Date: 11/12/2008 Title: Member					
Processed 11/12/2008		* Electronically provided signatures are accepted as original signatures.					