

No. W 62939

Due no later than May 31, 2009

## Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

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

1. Mailing Address - Correct in this box, if applicable

SALMON DENTAL CENTER PLLC  
106 S DAISY  
SALMON, ID 83467MARK OLIVERSON DMD  
106 S DAISY  
SALMON, ID 83467NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Mark Oliverson	106 S Daisy	Salmon	ID	83467

5. Organized Under the Laws of:

IDAHO  
W 62939

6.

Signature



Date

3-13-09

Name  
(Typed or  
Printed)

Mark Oliverson

Title

President

Issued 03/02/2009

Do Not Tape or Staple

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