

No. W 35668		Due no later than Jan 31, 2010		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. HUGHES & CRESS, P.L.L.C. JUSTIN C CRESS 834 FALLS AVE STE 2030 TWIN FALLS ID 83301		JAMES P HUGHES DDS PA 834 FALLS AVE STE 2030 TWIN FALLS ID 83301			
				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	JAMES P HUGHES DDS PA	834 FALLS AVE STE 2030	TWIN FALLS	ID	USA	83301	
MEMBER	JUSTIN C CRESS DDS PA	834 FALLS AVE STE 2030	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 35668		6. Annual Report must be signed.* Signature: Justin C Cress, DDS Name (type or print): Justin C Cress, DDS Date: 01/14/2010 Title: Member					
Processed 01/14/2010		* Electronically provided signatures are accepted as original signatures.					