

No. W 38614	Due no later than April 30, 2007 Annual Report Form		2. Registered Agent and Office 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	1. Mailing Address - Correct in this box, if applicable POST FALLS SPECIALTY DENTAL, L.L.C. MARLA TELIN 12109 E BROADWAY AVE SPOKANE, WA 99206		KEITH D BROWN 2512 E BLACK FOREST AVE POST FALLS, ID 83854												
		3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <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 colspan="6"><i>See Attached</i></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>	<i>See Attached</i>					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
<i>See Attached</i>															
5. Organized Under the Laws of: IDAHO W 38614	6. Signature <i>Melanie S. Long</i> Date <i>4/10/07</i> Name (Typed or Printed) <i>Melanie S. Long</i> Title <i>member</i>														

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Post Falls Specialty Dental, LLC
602 Calgary Ct., Ste 202; Post Falls ID 83854

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STATE OF IDAHO

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