

No. W 19376	Due no later than May 31, 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	1. Mailing Address - Correct in this box, if applicable GATES DENTISTRY, P.L.L.C. 2165 N MERRITT CREEK LP COEUR D ALENE, ID 83814		BENJAMIN L GATES 2165 N MERRITT CREEK LOOP COEUR D ALENE, ID 83814												
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature <i>[Signature]</i>												
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>owner</td> <td>Benjamin L. Gates</td> <td>2870 Red Cedar Ct</td> <td>COA</td> <td>ID</td> <td>83815</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>	owner	Benjamin L. Gates	2870 Red Cedar Ct	COA	ID	83815
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
owner	Benjamin L. Gates	2870 Red Cedar Ct	COA	ID	83815										
5. Organized Under the Laws of: IDAHO W 19376	6. Signature <i>Benjamin L. Gates</i> Date 3/8/07 Name (Typed or Printed) Benjamin L. Gates Title Owner														