

No. W 17094	Due no later than November 30, 2007		2. Registered Agent and Office NO PO BOX	
Return to:		Annual Report Form		WILLIAM T RITTER DDS
SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Correct in this box, if applicable WILLOW TREE SPECIALTY CARE, PLLC WILLIAM T RITTER DDS 317 W CHERRY LN MERIDIAN, ID 83642		317 W CHERRY LN MERIDIAN, ID 83642
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature
4. Limited Liability Companies: Enter Names and Addresses of Managers.				
<u>Office held</u> <i>MANAGER</i>	<u>Name</u> <i>WILLIAM T. RITTER</i>	<u>Street or P.O. Address</u> <i>317 W CHERRY LN</i>	<u>City</u> <i>MERIDIAN</i>	<u>State</u> <i>ID</i> <u>Zip</u> <i>83642</i>
5. Organized Under the Laws of: IDAHO W 17094				
6. Signature <i>[Signature]</i> Name (Typed or Printed) <i>WILLIAM T. RITTER</i>		Date <i>9/10/07</i> Title <i>MANAGER</i>		

Issued 09/04/2007

Do Not Tape or Staple

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