

No. **W 17094**

Due no later than November 30, 2007

**Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

WILLIAM T RITTER DDS  
317 W CHERRY LN  
MERIDIAN, ID 83642

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

WILLOW TREE SPECIALTY CARE, PLLC  
WILLIAM T RITTER DDS  
317 W CHERRY LN  
MERIDIAN, ID 83642

3. New Registered Agent Signature

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

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

Office held	Name	Street or P.O. Address	City	State	Zip
MANAGER	WILLIAM T. RITTER	317 W CHERRY W	MERIDIAN	ID	83642

5. Organized Under the Laws of:  
**IDAHO  
W 17094**

6. Signature  Date **9/10/07**

Name (Typed or Printed) **WILLIAM T. RITTER** Title **MANAGER**

Issued 09/04/2007

**Do Not Tape or Staple**

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