

|  |                |   |       |  |                             |             |  |
|--|----------------|---|-------|--|-----------------------------|-------------|--|
| No. <b>W 57256</b>   |                | <b>Due no later than Dec 31, 2010</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b> |                             |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b>   |       | KLINT R KELLER<br>203 7TH AVE S<br>NAMPA ID 83651  |                             |             |  |
|  |                | <b>1. Mailing Address: Correct in this box if needed.</b>                       |       | 3. <u>New</u> Registered Agent Signature:*         |                             |             |  |
|  |                | DENTAL PARTNERS, PLLC<br>SHERRIE PRUETT<br>203 7TH AVE S<br>NAMPA ID 83651-3846 |       |  |                             |             |  |
| 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 |  |
| MANAGER  | KLINT R KELLER | 203 7TH AVE S   | NAMPA | ID   | USA                         | 83651       |  |
| MANAGER  | JASON B HAMMER | 203 7TH AVE S   | NAMPA | ID   | USA                         | 83651       |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*   |       |  |                             |             |  |
| <b>ID<br/>W 57256</b>  |                | Signature: Sherrie Pruett   |       |  | Date: 01/12/2011            |             |  |
|  |                | Name (type or print): Sherrie Pruett  |       |  | Title: Clinic Administrator |             |  |
| Processed 01/12/2011   |                | * Electronically provided signatures are accepted as original signatures.       |       |  |                             |             |  |