

No. W 70945

Due no later than January 31, 2009

## Annual Report Form

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

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

ASPEN CREEK DENTAL, PLLC  
 GAIL BRENT ADAMS  
~~950 NE UNION~~ 6144 Birch Lane  
 MOUNTAIN HOME, ID 83647 Nampa ID  
~~4246 w Braveheart Lane 83687~~  
 Eagle ID 83616

GAIL BRENT ADAMS  
 950 NE UNION  
 MOUNTAIN HOME, ID 83647  
 4246 w Braveheart Lane  
 Eagle ID 83616

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

3. New Registered Agent Signature

G Brent Adams

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

Office held	Name	Street or P.O. Address	City	State	Zip
owner	G Brent Adams	4246 w Braveheart Lane	Eagle	ID	83616

5. Organized Under the Laws of:

IDAHO  
 W 70945

6.

Signature G Brent Adams

Date 1-18-09

Name (Typed or Printed) G Brent Adams

Title owner

Issued 11/05/2008

Do Not Tape or Staple

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