No. W 32379		Due no later than Aug 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. EAGLE ROCK DENTAL CARE OF IDAHO FALLS, PLLC ALAN R. COOPER 640 S WOODRUFF AVE IDAHO FALLS ID 83401		ALAN R COOPER 640 S WOODRUFF AVE IDAHO FALLS ID 83401 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar				3. <u>New</u> Registere	a Agent 3	ignature.*	
200	Name	ries and Addresse	Street or PO Address	City	State	Country	Postal Code
MANAGER /	MANAGER ALAN R COO		640 S WOODRUFF AVE 640 S WOODRUFF AVE 640 S WOODRUFF AVE	IDAHO FALLS IDAHO FALLS IDAHO FALLS	ID ID ID	USA USA USA	83401 83401 83401
5. Organized Under the Laws of: ID W 32379		6. Annual Report Signature: Jef Name (type or	Date: 06/23/2009 Title: Admin				
Processed 06/23/2009 * Electronically provided signatures are accepted as original signatures.							