

No. W 45130

Due no later than December 31, 2007

Annual Report Form

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

QUALITY FAMILY DENTISTRY PLLC
324 MAIN ST
LEWISTON, ID 83501

2. Registered Agent and Office NO PO BOX

CHARLES A BROWN
324 MAIN ST
LEWISTON, ID 83501NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	David C. Dortch, D.M.D.,	3318 Fourth Streeet,	Lewiston,	ID	83501
Member	Travis B. Bartschi, D.D.S.,	3318 Fourth Street,	Lewiston,	ID	83501

5. Organized Under the Laws of:

IDAHO
W 45130

6.

Signature



Date

10/22/07

Name (Typed or Printed)

David C. Dortch, D.M.D.

Title Member

Issued 10/01/2007

Do Not Tape or Staple

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