No. W 34733	Due no later than November	30, 2005		
Return to:	Annual Report Form	1	2. Registered Agent and Office NO PO BOX	
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable		DR TIMOTHY J HUFF DDS	
700 WEST JEFFERSON	HUFF PROPERTIES, LLC		6865 BEATRICE DR	
PO BOX 83720	DR TIMOTHY J HUFF DDS		FRUITLAND, ID 8361	9
BOISE, ID 83720-0080	6865 BEATRICE DR			
NO EU INO EEE :-	FRUITLAND, ID 83619			
NO FILING FEE IF		3	New Registered Ager	nt Signature
RECEIVED BY DUE DATE				
<ol> <li>Limited Liability Compan</li> </ol>	ies: Enter Names and Addresses of Me			
Office held Name		ernbers.		
	Street or P.O. Address	<u>City</u>	State	Zip
managing Tim Huff,	DDS PO BOX 1078		and (D	83619
member Coline t	tuff PO BOX 1018	Fruit	and 10	83419
member Dennis	tuff PO Box 1018 Huff PO Box 593	Fruit	and 110	83419
Organized Under the Laws of: IDAHO W 34733	6. Signature Name Typed or Tim the T		Date (1/(5	
Issued 09/01/2005	Transfer Transfer	TODS	Title Vnaua	ing member
	Do Not Tape or Staple		2005110	00005