No. W 70568	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 **NO FILING FEE IF RECEIVED BY DUE DATE**	1. Mailing Address - Correct in this box, if applicable C K DENTAL LLC 333 W CEDAR POCATELLO, ID 83201	KYLE SIEMEN 333 W CEDAR POCATELLO, ID 83201 3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	KYLE J. SIEMEN	333 W. CEDAR	POCATELLO	ID	83201
MANAGER	CASEY LEAVITT	333 W. CEDAR	POCATELLO	ID	83201

5. Organized Under the Laws of:
IDAHO
W 70568

6.
Signature Kyle S. Date 11/12/08
Name (Typed or Printed) KYLE SIEMEN Title MANAGER

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