

No. W 64724		Due no later than Jul 31, 2008		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. MOULTON PERIODONTICS, PLLC ETHAN MOULTON DDS 2375 E SUNNYSIDE STE 1 IDAHO FALLS ID 83404		ETHAN MOULTON DDS 2375 E SUNNYSIDE STE 1 IDAHO FALLS ID 83404			
				3. <u>New</u> Registered Agent Signature: *			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	ETHAN MOULTON DDS	2375 E SUNNYSIDE STE 1	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID W 64724		6. Annual Report must be signed.* Signature: Ethan Moulton Name (type or print): Ethan Moulton Date: 05/13/2008 Title: Manager					
Processed 05/13/2008		* Electronically provided signatures are accepted as original signatures.					