No. W 22004	D	Due no later than Dec 31, 2007			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			LUKINS & ANNIS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	BEARABLE DE	1. Mailing Address: Correct in this box if needed. BEARABLE DENTISTRY, PLLC LUKINS & ANNIS 250 NW BLVD #102 COEUR D ALENE ID 83814 250 NW BLVD #102 3. New Registered Agent Signature:*						
BOISE, ID 83720-0080	250 NW BLV			ignature:*				
NO FILING FEE IF RECEIVED BY DUE DAT	E							
4. Limited Liability Companies: I	Enter Names and Address	es of at least one Member or Manager.						
Office Held Nam	ne	Street or PO Address	City	State	Country	Postal Code		
MEMBER GERALD E WEITZ DDS		1224 SADDLE RIDGE RD	VIOLA	ID	USA	83872		
MEMBER DUSTIN F WEITZ DDS		1410 S MAIN	MOSCOW	ID	USA	83843		
MEMBER BRYAN SCHIAVONI D		1410 S MAIN	MOSCOW	ID	USA	83843		
5. Organized Under the Laws o	f: 6. Annual Repo	6. Annual Report must be signed.*						
ID	Signature: G	Signature: Gerald E. Weitz		Date: 12/13/2007				
W 22004	Name (type	Name (type or print): Gerald E. Weitz Title: Dds						
Processed 12/13/2007 * Electronically provided signatures are accepted as original signatures.								