

No. W 57820

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

1. Mailing Address - Correct in this box, if applicable

CHRISTINA SODEMANN MILLER
1519 S POWERLINE RD
NAMPA, ID 83686

IDAHO DENTAL SUPPLY LLC
~~1519 S POWERLINE RD~~
~~NAMPA, ID 83686~~
4465 E. Alderstone
Nampa, ID 83686

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

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>
owner	Christina S. Miller	4465 E. Alderstone	Nampa	ID	83686

5. Organized Under the Laws of:

IDAHO
W 57820

6.

Signature Christina S. Miller Date 1-20-09

Name (Typed or Printed) Christina S. Miller Title owner