

No. <b>W 33460</b>	<b>Due no later than 9/30/2009 Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		DOUGLAS B AKERS 2009 SUNRISE WAY POCATELLO ID 83201	
	DOUGLAS B. AKERS, DDS, MS P.L.L.C. 2009 SUNRISE WAY POCATELLO ID 83201		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 Zip
owner/	Douglas B Akers	(Same as above)		president
5. Organized Under the Laws of:  <b>ID W 33460</b>		6. Annual Report must be signed Signature: <u>Douglas B Akers</u> Date: <u>9-4-09</u> Name (type or print): <u>Douglas B Akers</u> Title: <u>owner/president</u>		

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