

No. <b>W 56871</b>		<b>Due no later than Dec 31, 2008</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON 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>  EASTERN IDAHO ENDODONTICS PLLC BART D MORRISON DDS MS 3335 S HOLMES AVE IDAHO FALLS ID 83404		BART B MORRISON DDS MS 3335 S HOLMES AVE 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	
MEMBER	BART B MORRISON	3335 S HOLMES AVE	IDAHO FALLS	ID	USA	83404	
MEMBER	DOUGLAS P SUTTON	3335 S HOLMES AVE	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:  <b>ID W 56871</b>		6. Annual Report must be signed.* Signature: Lisa Nolan Name (type or print): Lisa Nolan					
		Date: 10/23/2008 Title: Cpa					
Processed 10/23/2008		* Electronically provided signatures are accepted as original signatures.					