No. W 35128		Due no later than Dec 31, 2008		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		to record about the control of a	PAUL W DAUGHARTY			
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.		AND THE RESERVE OF THE PARTY OF	110 E WALLACE AVE COEUR D ALENE ID 83814			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		MICHAEL A. BLOOM, DMD, PLLC PAUL W DAUGHARTY 110 E WALLACE AVE		COEUR D'AL	COEUR D'ALEINE ID 63614			
		COEUR D ALENE	3. <u>New</u> Registe	3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held Nam	ne		Street or PO Address	City	State	Country	Postal Code	
MEMBER MICH	HAEL A	BLOOM DMD	9928 N GOVERNMENT WAY	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Paul W. Daugharty		Da	Date: 10/14/2008			
W 35128		Name (type or print): Paul W. Daugharty		Ti	Title: Registered Agent			
rocessed 10/14/2008 * Electronically provided signatures are accepted as original signatures.								