

No. W 38614

**Due no later than April 30, 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

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

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

POST FALLS SPECIALTY DENTAL, L.L.C.
MARLA TELIN SUSAN SCHULER
12109 E BROADWAY AVE
SPOKANE, WA 99206-6133

KEITH D BROWN
2512 E BLACK FOREST AVE
POST FALLS, ID 83854

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Partner	Mark Paxton	12109 E Broadway Ave. Bldg C	Spokane, WA		
Partner	Bryan McClelland	same			99206
Partner	Melanie Lang	same			

5. Organized Under the Laws of:

IDAHO
W 38614

6.

Signature

Name (Type or
Printed)

Schuler

Susan Schuler

Date

4-27-09

Business

Title

Manager