

No. W 38614

Due no later than April 30, 2009
Annual Report Form2. 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

POST FALLS SPECIALTY DENTAL, L.L.C.
~~MARLA TELIN~~ SUSAN SCHULER
12109 E BROADWAY AVE
SPOKANE, WA 99206-6133KEITH D BROWN
2512 E BLACK FOREST AVE
POST FALLS, ID 83854**NO FILING FEE IF
RECEIVED BY DUE DATE**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

Schuler

Date

4-27-09

Name

(Typed or
Printed)

Susan Schuler

Title

Business
Manager

Issued 02/02/2009

Do Not Tape or Staple

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