

No. W 34709	Due no later than Nov 30, 2009 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CRAIG RENCHER 342 N BLUE LAKES B1 TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ADVANCED DENTAL CARE OF TWIN FALLS, LLC <i>249 River Vista Place Ste 200</i> 342 N BLUE LAKES BL TWIN FALLS ID 83301		
3. New Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.			
Office Held	Name	Street or PO Address	City State Country Postal Code
Manager	<i>CRAIG RENCHER</i>	<i>1148 HARMONY</i>	<i>TWIN FALLS ID USA 83301</i>
5. Organized Under the Laws of: 6.			
IDAHO W 34709		Signature: <i>Craig Rencer</i> Name (type or print): <i>CRAIG RENCHER</i>	Date: <i>11/19/09</i> Title: <i>MANAGER</i>
Issued 09/18/2009 by SL1		200911004785	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.