

No. <b>W 85059</b>	<b>Due no later than Jun 30, 2010</b> <b>Annual Report Form</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>  PONDERAY DENTAL, PLLC KIRSTEN DAVIDSON 131 PONDER POINT DR SANDPOINT ID 83864 USA		KIRK DAVIDSON 131 PONDER POINT DR SANDPOINT ID 83864			
			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
MANAGER	KIRSTEN DAVIDSON	131 PONDER POINT DRIVE	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:  <b>ID</b> <b>W 85059</b>	6. Annual Report must be signed.* Signature: Kirsten Davidson Name (type or print): Kirsten Davidson		Date: 04/15/2010 Title: Manager			
Processed 04/15/2010		* Electronically provided signatures are accepted as original signatures.				