

No. <b>W 69475</b>		Due no later than Dec 31, 2009		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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  PALOUSE PEDIATRIC DENTISTRY, LLC 1246 WEST A STREET MOSCOW ID 83843 USA		MARK T MONSON, ATTORNEY AT LAW 803 S JEFFERSON STE 4 MOSCOW ID 83843			
				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	
MEMBER	KAREN M SEPT, D.M.D.	2806 ITANI DRIVE	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:  <b>ID W 69475</b>		6. Annual Report must be signed.* Signature: Karen Sept Name (type or print): Karen Sept Date: 10/19/2009 Title: Dmd					
Processed 10/19/2009		* Electronically provided signatures are accepted as original signatures.					