No. W 42419	Due no later than August 31, 2007 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STR PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box. if applicable TEETH MAKERS LLC RENTAL 1119 N 4TH ST COEUR D'ALENE, ID 83814	JACQUELINE NEFF 1119 N 4TH ST COEUR D'ALENE, ID 83814  3. New Registered Agent Signature
Limited Liability Co	mpanies: Enter Names and Addresses of Members.	
Office held Name	Street or P.O. Address City	State Zip
<u> </u>		
	Jacqueline 1119 N 4th Street Coeur TKimberles 1119 N. 4th Street Coeur	
	Jacqueline 1119 N 4th Street Coen Kimberlee 1119 N. 4th Street Coen	d'Alere, 20 83814 ud Alere, 20 83814
Postres MEFF, Postres Kemp	Jacqueline 1119 N 4th Street Coen Kimberlee 1119 N. 4th Street Coen	
Postile MEFF, Restree KEMP  5. Organized Under the Laws o	Jacqueline 1119 N 4th Street Coent Kimberlee 1119 N. 4th Street Coent	d'Alere, 20 83814 ud Alere, 20 83814