

No. W 70470	Due no later than January 31, 2009 Annual Report Form	2. Registered Agent and Office NO PO BOX ESTHER MERRILL 4347 N 2300 E FILER, ID 83328																								
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable TWO SISTERS DENTAL STUDIO, LLC 4347 N 2300 E FILER, ID 83328	3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Esther Merrill</td> <td>4347 N. 2300 E.</td> <td>Filer</td> <td>ID</td> <td>83328</td> </tr> <tr> <td>Member</td> <td>Jane Merrill</td> <td>4347 N. 2300 E.</td> <td>Filer</td> <td>ID</td> <td>83328</td> </tr> <tr> <td>Member</td> <td>Patrick Merrill</td> <td>4347 N. 2300 E.</td> <td>Filer</td> <td>ID</td> <td>83328</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Esther Merrill	4347 N. 2300 E.	Filer	ID	83328	Member	Jane Merrill	4347 N. 2300 E.	Filer	ID	83328	Member	Patrick Merrill	4347 N. 2300 E.	Filer	ID	83328
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5. Organized Under the Laws of: IDAHO W 70470	6. Signature <u>Esther R. Merrill</u> Date <u>12/29/08</u> Name <small>(Typed or Printed)</small> <u>Esther R. Merrill</u> Title <u>Manager</u>																									