

No. W 70945	Due no later than Jan 31, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ASPEN CREEK DENTAL, PLLC GAIL BRENT ADAMS 6144 BIRCH LANE NAMPA ID 83687		GAIL BRENT ADAMS 4246 W BRAVEHEART LANE EAGLE ID 83616			
			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	GAIL BRENT ADAMS	4246 W BRAVEHEART LANE	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 70945	6. Annual Report must be signed.* Signature: Gail B Adams Name (type or print): Gail B Adams		Date: 12/01/2010 Title: Owner			
Processed 12/01/2010		* Electronically provided signatures are accepted as original signatures.				