No. **W 5274**	**Due no later than Dec 31, 2008** **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.** EMERALD WEST FAMILY DENTISTRY, PLLC CHAD D HESS, D.D.S 8660 W EMERALD #152 BOISE ID 83704	CHAD D HESS, D.D.S 8660 W EMERALD #152 BOISE ID 83704 3. New 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	RANDALL MOSS	8660 W. EMERALD #152	BOISE	ID	USA	83704
MANAGER	CHAD D HESS, D.D.S	8660 W EMERALD #152	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 5274**	Signature: Jayne Blazek	Date: 02/09/2009
	Name (type or print): Jayne Blazek	Title: Office Manager

Processed 02/09/2009

* Electronically provided signatures are accepted as original signatures.