

No. <b>W 49843</b>	<b>Due no later than Apr 30, 2009</b> <b>Annual Report Form</b>		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>1. Mailing Address: Correct in this box if needed.</b> SHANE D. VANIA, D.D.S., PLLC SHANE D VANIA PO BOX 1010 219 MAIN ST. IDAHO CITY ID 83631-1010		SHANE D VANIA 304 SUNBURST WAY BOISE ID 83709			
			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	SHANE D VANIA	304 SUNBURST WAY	BOISE	ID	USA	83709
5. Organized Under the Laws of:  <b>ID W 49843</b>	6. Annual Report must be signed.* Signature: Shane D Vania DDS Name (type or print): Shane D Vania DDS		Date: 02/12/2009 Title: Dr.			
Processed 02/12/2009		* Electronically provided signatures are accepted as original signatures.				