

<b>No. W 19921</b>	<b>Due no later than July 31, 2007</b> <b>Annual Report Form</b>	<b>2. Registered Agent and Office NO PO BOX</b>
Return to: <b>SECRETARY OF STATE</b> <b>450 NORTH FOURTH STREET</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>NO FILING FEE IF</b> <b>RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  <b>MOUNTAINS WEST DENTAL CLINIC, PLLC</b> <b>MONTE EPPICH</b> <b>PO BOX 572</b> <b>COUNCIL, ID 83612</b>	<b>MONTE EPPICH</b> <b>502 N DARTMOUTH</b> <b>COUNCIL, ID 83612</b>  <b>3. New Registered Agent Signature</b>

**4. Limited Liability Companies: Enter Names and Addresses of Members.**

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MEMBER	MONTE EPPICH	P.O. Box 572	Cannal	ID	83612

<b>5. Organized Under the Laws of:</b> IDAHO W 19921	<b>6.</b> Signature <u>M. EPPICH</u> Date <u>5/14/07</u> Name <small>(Typed or Printed)</small> <u>MONTE EPPICH</u> Title <u>Member</u>
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Issued 05/01/2007

**Do Not Tape or Staple**

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