No. <b>W 22177</b>		Due no later than Jan 31, 2010 2. Registered Agent and Address (NO P					PO BOX)
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  TMD, PLLC  CHAD W ROSKELLEY  2031 E HOSPITALITY LN #100  BOISE ID 83716		2031 E HO BOISE ID	EDWARD C WAGNER  2031 E HOSPITALITY LANE #100  BOISE ID 83716  3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE				0. <u>u</u> egis			
The Control of the Co	es: Enter Na	mes and Address	ses of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER	CHAD W RO	OSKELLEY	2031 E HOSPITALITY LANE #100	BOISE	ID	USA	83716
MANAGER	EDWARD C	WAGNER	2031 E HOSITALITY LANE #100	BOISE	ID	USA	83716
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 22177		Signature: Edward Wagner DMD		Date: 11/10/2009			
		Name (type	or print): Edward Wagner DMD	Title: Manager/owner			
Processed 11/10/2009	ed 11/10/2009 * Electronically provided signatures are accepted as original signatures.						