No. W 32380 Return to:		Due no later than Aug 31, 2009 Annual Report Form		2. Registered Ag	Registered Agent and Address (NO PO BOX) ALAN R COOPER			
				ALAN R COO				
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.		556 TREJO				
		EAGLE ROCK DENTAL CARE OF REXBURG, PLLC ALAN R. COOPER 640 S WOODRUFF AVE IDAHO FALLS ID 83401			REXBURG ID 83440 3. New Registered Agent Signature:*			
				or <u>r.u</u> r.ugiotor s				
4. Limited Liability C	ompanies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	DOUGLAS S	BARNARD	640 S WOODRUFF AVE	IDAHO FALLS	ID	USA	83401	
MANAGER	STEVEN A	Barnard	640 S WOODRUFF AVE	IDAHO FALLS	ID	USA	83401	
MANAGER	ALAN R COOOPER		640 S WOODRUFF AVE	IDAHO FALLS	ID	USA	83401	
MANAGER	RONALD J.	HAMMOND	556 TREJO SUITE C	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 32380		Signature: Alan R. Cooper			Date: 09/08/2009			
		Name (type or print): Alan R. Cooper			Title: Manager			
Processed 09/08/20	09	* Electronically pro	ovided signatures are accepted as origina	l signatures.				