

No. W 21385

Due no later than November 30, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

NATURAL SMILE DENTAL, PLLC
BRANDON L TAYLOR DMD
10706 W STATE ST
STAR, ID 83669

J KEVIN WEST
720 W IDAHO STE 700
BOISE, ID 83701

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

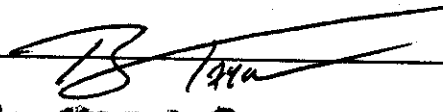
4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
mng	Brandon L. Taylor	119 W Oakhampton Dr	Eagle	ID	83616
mng	Scott E. Hayhurst	193 W Riverhill Dr.	Eagle	ID	83616

5. Organized Under the Laws of:
IDAHO

6.

Signature



10/21/07