No. W 22093	Due no later than January 31, 2009	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form 1. Mailing Address - Correct in this box, if applicable WILLIAMS FAMILY DENTISTRY, PLLC DUANE J WILLIAMS DMD Paul S. W. Mams, DS 1130 CALL CREEK DR POCATELLO, ID 83201-3000	DUANE JWILLIAMS DMD Paul S. 1130 CALL CREEK DR WILLIAMS POCATELLO, ID 83201-3000 D0 WILLIAMS DMD Paul S. 130 CALL CREEK DR WILLIAMS DMD Paul S. 131 New Registered Agent Signature WILLIAMS DMD Paul S. 132 CALL CREEK DR WILLIAMS DMD Paul S. 133 New Registered Agent Signature WILLIAMS DMD Paul S. 134 CALL CREEK DR WILLIAMS DMD Paul S. 135 CALL CREEK DR WILLIAMS DMD Paul S. 136 CALL CREEK DR WILLIAMS DMD Paul S. 137 CALL CREEK DR WILLIAMS DMD Paul S. 138 CALL CREEK DR WILLIAMS DMD Paul S. 139 CALL CREEK DR WILLIAMS DMD Paul S. 130 CALL CREEK DR WILLIAMS DMD Paul S. 130 CALL CREEK DR WILLIAMS DMD Paul S. 131 CALL CREEK DR WILLIAMS DMD Paul S. 131 CALL CREEK DR WILLIAMS DMD Paul S. 132 CALL CREEK DR WILLIAMS DMD Paul S. 133 CALL CREEK DR WILLIAMS DMD Paul S. 134 CALL CREEK DR WILLIAMS DMD Paul S. 135 CALL CREEK DR WILLIAMS DMD Paul S. 136 CALL CREEK DR WILLIAMS DMD Paul S. 137 CALL CREEK DR WILLIAMS DMD Paul S. 137 CALL CREEK DR WILLIAMS DMD Paul S. 138 CALL CREEK DR WILLIAMS DMD Paul S. 138 CALL CREEK DR WILLIAMS DMD Paul S. 139 CALL CREEK DR WILLIAMS DMD Paul S. 130 CALL CREEK DR WILLIAMS DMD Paul S. 130 CALL CREEK DMD Paul S. 130 CA
4. Limited Liability Comp	anies: Enter Names and Addresses of Managers.	,
Owner Paul S. Wil	Street or P.O. Address City Tiams 1130 Call Creek Dr. Poca	kilo III 83201
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5. Organized Under the Laws of: IDAHO W 22093	Signature Rull Williams Name Printed or Paul S. Williams	Date 1 3 08 Title Owner
Issued 11/05/2008	Do Not Tape or Staple	200901006627