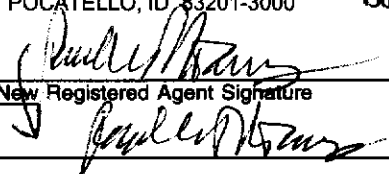
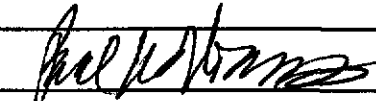


No. W 22093	Due no later than January 31, 2009 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable WILLIAMS FAMILY DENTISTRY, PLLC DUANE J WILLIAMS DMD Paul S. Williams, DDS 1130 CALL CREEK DR POCATELLO, ID 83201-3000	DUANE J WILLIAMS DMD Paul S. Williams 1130 CALL CREEK DR POCATELLO, ID 83201-3000 3. New Registered Agent Signature 

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

Office held	Name	Street or P.O. Address	City	State	Zip
Owner	Paul S. Williams	1130 Call Creek Dr.	Pocatello	ID	83201

5. Organized Under the Laws of: IDAHO W 22093	6. Signature  Name (Typed or Printed) Paul S. Williams Date 1/3/08 Title owner
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