

No. W 60316

Due no later than March 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

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

TWO RIVERS DENTAL, PLLC
513 E MAIN ST
WEISER, ID 83672BILL MARTSCH
513 E MAIN ST
WEISER, ID 83672NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

Office heldNameStreet or P.O. AddressCityStateZip

mgr; Rose Gutierrez 2586 W Gr St Weiser ID 83672

5. Organized Under the Laws of:

IDAHO
W 60316

6.

Signature

Date

Name (Typed or Printed)

Title

Rose Gutierrez
Rose Gutierrez
1/2/09
Mgr.

Issued 01/05/2009

Do Not Tape or Staple

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