No. **W 38614**	**Due no later than Apr 30, 2010**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON 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 needed.** POST FALLS SPECIALTY DENTAL, L.L.C. SUSAN SCHULER 602 N. CALGARY CT. SUITE 301 POST FALLS ID 83854	KEITH D BROWN 5112 E TWILA COURT POST FALLS ID 83854 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	MARK C PAXTON DDS PS	12109 E BROADWAY AVE	SPOKANE	WA	USA	99206-6133
MEMBER	ERIK CURTIS	1717 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814
MEMBER	TIM GATTEN	602 N CALGARY CT. SUITE 301	POST FALLS	ID	USA	83854
MEMBER	BRYAN MCLELLAND	12109 E. BROADWAY BLDG C	SPOKANE	WA	USA	99206
MEMBER	MELANIE LANG	12109 E. BROADWAY BLDG C	SPOKANE	WA	USA	99206
MEMBER	THOMAS JAEGER	1717 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814
MEMBER	BRAD BARLOW	602 N CALGARY CT. SUITE 201	POST FALLS	ID	USA	83854
MEMBER	RYAN FACER	602 N. CALGARY CT. SUITE 301	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 38614**	Signature: Tyler Morton	Date: 02/16/2010
	Name (type or print): Tyler Morton	Title: Manager

Processed 02/16/2010

* Electronically provided signatures are accepted as original signatures.