

No. W 12557

Due no later than August 31, 2008
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

CORNERSTONE DENTAL, PLLC
SHANE L NEWTON DMD
PO BOX 1496
MCCALL, ID 83638

SHANE L NEWTON, D.M.D.
~~977 PINE TERRACE~~
~~MCCALL, ID 83638~~

100 POLLARD CREEK ACRES,
SALMON, ID. 83467

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MEMBER	SHANE L. NEWTON	100 COURTHOUSE DR. STE. D	SALMON	ID.	83467

5. Organized Under the Laws of:

IDAHO
W 12557

6.

Signature

Date

7/6/08

Name

SHANE L. NEWTON DMD

MEMBER