

No. <b>W 36064</b>	<b>Due no later than Jan 31, 2007</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		STEPHEN OLDROYD 1949 CANYON TRAIL WAY TWIN FALLS ID 83301			
	CANYON SPRINGS DENTAL LABORATORY LLC 828 N BLUE LAKE BLVD TWIN FALLS ID 83301		3. <u>New</u> 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	STEPHEN OLDROYD	1949 CANYON TRAIL WAY	TWIN FALLS	ID		83301
5. Organized Under the Laws of:  <b>IDAHO W 36064</b>		6. Annual Report must be signed.* Signature: Nicole Keyes Name (type or print): Nicole Keyes Date: 11/09/2006 Title: Bookkeeper				
Processed 11/09/2006		* Electronically provided signatures are accepted as original signatures.				