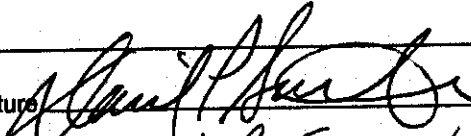


No. W 25118	Due no later than July 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		D PORTER SUTTON 2090 W ARIMO RD ARIMO, ID 83214	
	D. PORTER SUTTON, DMD, PLLC 2090 W ARIMO RD ARIMO, ID 83214		3. <u>New</u> 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>
Member	D. Porter Sutton	2090 W. Arimo Rd	Arimo	ID 83214
5. Organized Under the Laws of: IDAHO W 25118		6. Signature  Date <u>6/11/07</u> Name (Typed or Printed) <u>David P. SUTTON</u> Title <u>Member</u>		