

No. W 22093		Due no later than Jan 31, 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		PAUL S WILLIAM DDS 1130 CALL CREEK DR POCATELLO ID 83201-3000			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		WILLIAMS FAMILY DENTISTRY, PLLC PAUL S WILLIAMS DDS 1130 CALL CREEK DR POCATELLO ID 83201-3000 USA					
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	
MANAGER	PAUL WILLIAMS	1130 CALL CREEK DR	POCATELLO	ID	USA	83201-3000	
MEMBER	PAUL S WILLIAMS	1130 CALL CREEK DR	POCATELLO	ID	USA	83201-3000	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 22093		Signature: Paul S. Williams			Date: 11/12/2009		
		Name (type or print): Paul S. Williams			Title: Owner		
Processed 11/12/2009		* Electronically provided signatures are accepted as original signatures.					