| No. W 52695 | | Due no later than Jul 31, 2009 Annual Report Form 1. Mailing Address: Correct in this box if needed. DENTAMITE LLC DALE M FRAZELL 15205 N MCFARLAND CREEK RD BOISE ID 83714-9523 USA mes and Addresses of at least one Member or Manager. | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------------------------|--|--|-----------------------|---|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | 15205 N M BOISE ID | DALE M FRAZELL 15205 N MCFARLAND CREEK RD BOISE ID 83714 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| Office Held Name | | mes and Address | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER MEMBER | DALE M FRAZELL KATHLEEN P KEYS | | 15205 N MCFARLAND CREEK RD 15205 N MCFARLAND CREEK RD | BOISE BOISE | ID ID | USA USA | 83714 83714 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 52695 | | Signature: Ka | | Date: 06/01/2009 | | | | |
| | | Name (type o | | Title: Member | | | | |
| Processed 06/01/2009 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |