No. <b>W 43089</b>		Due no later than Sep 30, 2010			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  BRADEN M. STAUTS DDS, LLC  BRADEN STAUTS  1000 CURTIS RD STE 203		GERY W EDSON 250 S FIFTH ST STE 820				
				_	BOISE ID 83701			
NO FILING FEE IF RECEIVED BY DUE DATE		BOISE ID 83	3706		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Compan	ies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER BRADEN STA		AUTS	1000 CURTIS RD STE 203		BOISE	ID	USA	83706
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 43089		Signature: Colleen Stauts			Date: 07/22/2010			
		Name (type or print): Colleen Stauts			Title: Bookkeeper, Manager			
Processed 07/22/2010 * Electronically provided signatures are accepted as original signatures.								