

No. W 34001

Due no later than October 31, 2007
Annual Report Form

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

FAMILY DENTAL CENTER, PLLC (THE)
1363 JUSTA CIRCLE
BLACKFOOT, ID 83221

2. Registered Agent and Office NO PO BOX

PAUL L HANSEN
625 W BRIDGE ST
BLACKFOOT, ID 83221

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	PAUL HANSEN	1363 Justa Cir	Blackfoot	ID	83221

5. Organized Under the Laws of:

IDAHO
W 34001

6. Signature  Date 8-10-07

Name (Typed or Printed) PAUL HANSEN Title President