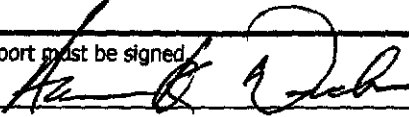


| | | | | |
|---|--|---|--|-----------|
| No. W 67654 | Due no later than 10/31/2009 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. | | AARON DICKINSON 330 5TH ST LEWISTON ID 83501 | |
| | DENTURE SERVICE LLC 330 5TH ST LEWISTON ID 83501 | | 3. <u>New</u> Registered Agent Signature: | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | |
| Office Held | Name | Street or PO Address | City | State Zip |
| Owner | Aaron K. Dickinson | 330 5th St. | Lewiston | ID 83501 |
| 5. Organized Under the Laws of: ID W 67654 | | 6. Annual Report must be signed Signature:  Date: 8-18-2009 Name(type or print): Aaron K. Dickinson Title: Owner | | |