

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		1. Mailing Address: Correct in this box if needed. DENTURE SERVICE LLC 330 5TH ST LEWISTON ID 83501	AARON DICKINSON 330 5TH ST LEWISTON ID 83501		
NO FILING FEE IF RECEIVED BY DUE DATE		3. New 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:		6. Annual Report must be signed			
ID W 67654		Signature: 	Date: 8-18-2009		
		Name(type or print): Aaron K. Dickinson	Title: Owner		