No. J 1503	Due no later than September 30, 2007 Annual Report Form	2. Registered Agent and Office 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 applicable APEX DENTAL, LLP 1218 FILER AVE EAST TWIN FALLS, ID 83301	GARY V DIXON, DDS 1218 FILER AVE EAST TWIN FALLS, ID 83301 3. New Registered Agent Signature

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

Office held	Name	Street or P.O. Address	City	State	Zip
~~Pres~~ Pres	GARY DIXON	1218 FILER AVE EAST	TWIN FALLS,	ID.	83301
Vice Pres	ERIC THOMAS	1218 FILER AVE EAST.	TWIN FALLS,	ID.	83301
Sec.	MARGIE DIXON	274 SUNNY HILL CIR	TWIN FALLS	ID.	83301

5. Organized Under the Laws of:	6.
IDAHO J 1503	Signature _____ Date 8/15/07 Name (Typed or Printed) GARY V. DIXON Title _____

Issued 07/02/2007

Do Not Tape or Staple

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