

No. W 22074

Due no later than December 31, 2008

Annual Report Form

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

NORTH END DENTAL, PLLC
ANDREW B CHRISMAN
704 N 17TH ST
BOISE, ID 83702
USA

2. Registered Agent and Office NO PO BOX

ANDREW B CHRISMAN
704 N 17TH ST
BOISE, ID 83702

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

Office held

Name

Street or P.O. Address

City

State

Zip

Owner Andrew B Chrisman 704 N 17th St Boise ID 83702

5. Organized Under the Laws of:

IDAHO
W 22074

6.

Signature

Date

10/24/08

Name

(Typed or
Printed)

Andrew Chrisman

Title

Owner

Issued 10/17/2008

Do Not Tape or Staple

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