No. W 46109 Return to:		Due no later than Jan 31, 2010 Annual Report Form		Registered Agent and Address (NO PO BOX) DEAN H PIERCE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in the DEAN H. PIERCE, DDS, PLLC 480 N LATAH BOISE ID 83705	nis box if needed.	480 N LATAH BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Cor	npanies: Enter Nai	nes and Addresses of at least one Memb	er or Manager.				
Office Held	Name	Street or PO A	Address	City	State	Country	Postal Code
MANAGER	DEAN H PIE	RCE 480 N LATAH		BOISE	ID	USA	83705
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Mamie Cary	Date: 12/31/2009				
W 46109		Name (type or print): Mamie Cary		Title: Bookkeeper			
Processed 12/31/2009 * Electronically provided signatures are accepted as original signatures.							