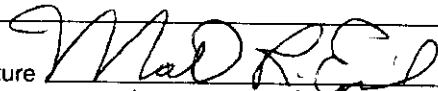


No. <b>W 19921</b>	<b>Due no later than July 31, 2006</b>		2. Registered Agent and Office <b>NO PO BOX</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b>		MONTE EPPICH			
	1. Mailing Address - Correct in this box, if applicable		502 N DARTMOUTH			
	MOUNTAINS WEST DENTAL CLINIC, PLLC MONTE EPPICH PO BOX 572 COUNCIL, ID 83612		COUNCIL, ID 83612			
4. Limited Liability Companies: Enter Names and Addresses of Members.			3. <u>New</u> Registered Agent Signature			
	<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	MEMBER	MONTE R EPPICH	P.O. Box 572	COUNCIL	ID	83612
5. Organized Under the Laws of: <b>IDAHO W 19921</b>	6. Signature 		Date <u>5/12/06</u>			
	Name <small>(Typed or Printed)</small> <u>MONTE R. EPPICH</u>		Title <u>MEMBER</u>			

Issued 05/01/2006

**Do Not Tape or Staple**

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