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|--|----------------|--|-------------|---|---------|------------------|--|
| No. W 67096 | | Due no later than Sep 30, 2009 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. CUTFORTH DENTAL, LLC ANGIE CUTFORTH 1360 E 17TH ST IDAHO FALLS ID 83404 USA | | RICK CUTFORTH 1360 E 17TH ST IDAHO FALLS ID 83404 | | | |
| | | | | 3. <u>New</u> 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 | Country | Postal Code | |
| MEMBER | ANGIE CUTFORTH | 1360 E 17TH ST | IDAHO FALLS | ID | USA | 83404 | |
| MEMBER | RICK CUTFORTH | 1360 E 17TH ST | IDAHO FALLS | ID | USA | 83404 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 67096 | | Signature: Angie Cutforth | | | | Date: 09/17/2009 | |
| | | Name (type or print): Angie Cutforth | | | | Title: Member | |
| Processed 09/17/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |