

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