No. **W 35678**	**Due no later than Jan 31, 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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** LARSEN DENTAL, LLC 950 HOSPITAL WAY STE B POCATELLO ID 83201	N W (BILL) LARSEN 950 HOSPITAL WAY STE B POCATELLO ID 83201 3. New 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
MANAGER	N W (BILL) LARSEN	950 HOSPITAL WAY STE B	POCATELLO	ID	USA	83201

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 35678**	Signature: Angelene Larsen	Date: 02/06/2009
	Name (type or print): Angelene Larsen	Title: Bookkeeper

Processed 02/06/2009

* Electronically provided signatures are accepted as original signatures.