

No. **W 22093**

Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

**Due no later than January 31, 2004  
Annual Report Form**

1. Mailing Address - Correct in this box if applicable

DUANE J. WILLIAMS D.M.D., PLLC  
DUANE J WILLIAMS DMD  
1130 CALL CREEK DR

POCATELLO, ID 83201 3000

2. Registered Agent and Office **NO PO BOX**

DUANE J WILLIAMS DMD  
1130 CALL CREEK DR

POCATELLO, ID 83201 3000

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held Name

Street or P.O. Address

City

State

Zip

Manager Cheryl Williams 1130 Call Creek Dr Pocatello Id 83201

5. Organized Under the Laws of:

IDAHO  
W 22093

6.

Signature

Name (Typed or Printed)

Cheryl Williams

Cheryl Williams

Date

Title

11.14.03

Manager

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**Do Not Tape or Staple**