No. W 38614

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than April 30, 2008
Annual Report Form

1. Mailing Address - Correct in this box, if applicable

POST FALLS SPECIALTY DENTAL, L.L.C.
MARLA TELIN
12109 E BROADWAY AVE
SPOKANE, WA 99206-6133

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

KEITH D BROWN
2512 E BLACK FOREST AVE
POST FALLS, ID 83854

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	Dr. S. Ryan Facer	602 N. Calgary ct. Suite 301	Post Falls	ID	83854
Manager	Dr. Timothy Gatten	602 N. Calgary ct. suite 301	Post Falls	ID	83854
Manager	Dr. Brad Barlow	602 N. Calgary ct. Suite 201	Post Falls	ID	83854
Manager	Dr. Eric Curtis	602 N. Calgary ct. suite 302	Post Falls	ID	83854
Manager	Dr. Tom Jaeger	602 N. Calgary ct. suite 302	Post Falls	ID	83854
Manager	Dr. Brian McClelland	602 N. Calgary ct. suite 202	Post Falls	ID	83854
Manager	Dr. Melanie Lang	602 N. Calgary ct. suite 202	Post Falls	ID	83854
Manager	Dr. Mark Paxton	602 N. Calgary ct. suite 202	Post Falls	ID	83854
Manager	Dr. Anthony Giardino	602 N. Calgary ct. Suite 102	Post Falls	ID	83854

5. Organized Under the Laws of:
IDAHO
W 38614

6.
Signature _____ Date 4/16/08
Name (Typed or Printed) S. Ryan Facer Title Manager

Issued 02/01/2008

Do Not Tape or Staple

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