

No. W 2726

Due no later than July 31, 2007  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

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

1. Mailing Address - Correct in this box. If applicable

ROCK CREEK DENTAL GROUP, P.L.L.C.  
JOHN C ROBERTS  
256 MARTIN  
TWIN FALLS, ID 83301

JOHN C ROBERTS  
256 MARTIN  
TWIN FALLS, ID 83301

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
managing member	John Roberts	256 Martin St	TF	ID	83301
member	Christie Roberts	LL	LL	LL	LL

5. Organized Under the Laws of:

IDAHO  
W 2726

6.

Signature

*Christie Roberts*

Date

5/15/07

Name

(Typed or Printed)

Christie Roberts

Title

member

Issued 05/01/2007

Do Not Tape or Staple

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