

No. **W 36809**

Due no later than **February 28, 2006**

Annual Report Form

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

Return to:

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

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

EAGLE RIVER DENTISTRY L.L.C.
2314 POPPY HILLS ST **SUITE 100**
EAGLE, ID 83616

BROOKS JOSEPH UNIAT
325 E SHORE DR **SUITE 100**
EAGLE, ID 83616

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

3. New Registered Agent Signature

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

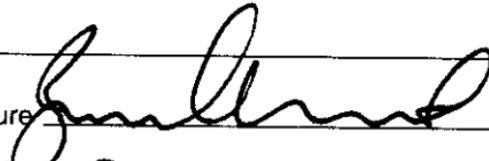
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	BROOKS UNIAT	325 E. SHORE DR STE 100	EAGLE	ID	83616

5. Organized Under the Laws of:

IDAHO
W 36809

6.

Signature



Date **12-13-05**

Name (Type or Printed)

BROOKS UNIAT

Title

MANAGER/OWNER