

No. W 52814		Due no later than Jul 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. R. NIELSON DENTAL #1, LLC ALAN C STEPHENS 2635 CHANNING WAY IDAHO FALLS ID 83404		ALAN C STEPHENS 2635 CHANNING WAY IDAHO FALLS ID 83404			
				3. <u>New</u> 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	
MEMBER	LORI R NIELSON	695 S TIEBREAKER DR	IDAHO FALLS	ID	USA	83404	
MEMBER	ROBERT D NIELSON	3151 17TH STREET	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID W 52814		6. Annual Report must be signed.* Signature: Alan C Stephens Name (type or print): Alan C Stephens					
Date: 05/18/2009 Title: Registered Agent							
Processed 05/18/2009		* Electronically provided signatures are accepted as original signatures.					