

No. W 1029

Due no later than April 30, 2009
Annual Report Form2. 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

BRINGHURST FAMILY DENTISTRY, P.L.L.
LOUIS BRINGHURST
POCATELLO CREEK OFFICE PARK
1175 CALL PLACE #200
POCATELLO, ID 83201LOUIS BRINGHURST
POCATELLO CREEK OFFICE PARK
1175 CALL PLACE #200
POCATELLO, ID 83201**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

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

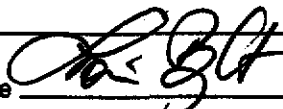
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
50% Owner	Louis Bringhurst	1175 Call Place #200	Pocatello	ID	83201
50% Owner	Eric Bringhurst	" " " "	"	"	"

5. Organized Under the Laws of:

IDAHO

6.

Signature



Date

4-14-09