

No. <b>W 40662</b>		<b>Due no later than Jun 30, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  TIMOTHY L. GATTEN, D.D.S., M.S.D., P.L.L.C. TIMOTHY L GATTEN PO BOX 3467 POST FALLS ID 83877-3467		TIMOTHY L GATTEN 602 N CALGARY ST STE 301 POST FALLS ID 83854	
				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
MANAGER	TIMOTHY L GATTEN	1451 W HYACINTH LN	COEUR D'ALENE	ID	USA 83814
5. Organized Under the Laws of:  <b>ID W 40662</b>		6. Annual Report must be signed.* Signature: Timothy L Gatten Name (type or print): Timothy L Gatten Date: 04/15/2009 Title: Manager			
Processed 04/15/2009		* Electronically provided signatures are accepted as original signatures.			