

No. W 5309		Due no later than Jan 31, 2010 Annual Report Form		2. Registered Agent and Address (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 needed. MAGIC VALLEY ORAL SURGERY, P.L.L.C. VINCENT L WILLIAMS DMD 590 FALLS AVE TWIN FALLS ID 83301		VINCE L WILLIAMS DMD 590 FALLS AVE TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name VINCE L WILLIAMS DMD	Street or PO Address 590 FALLS AVE		City TWIN FALLS	State ID	Country USA	Postal Code 83301
5. Organized Under the Laws of: ID W 5309		6. Annual Report must be signed.* Signature: Vincent L. Williams Name (type or print): Vincent L. Williams Date: 11/17/2009 Title: President					
Processed 11/17/2009 * Electronically provided signatures are accepted as original signatures.							