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

PRESORTED
FIRST-CLASS
U.S. POSTAGE PAID
Boise, ID
PERMIT No. 1

RETURN SERVICE REQUESTED

IDAHO ANNUAL REPORT FORM W 19376

THIS IS THE ONLY NOTICE YOU WILL RECEIVE

2004 JUN -7 PM 12:19
STATE OF IDAHO

IRONWOOD DENTAL CARE, P.L.L.C.
MARK A JACKSON
916 IRONWOOD DR
SUITE D
COEUR D ALENE, ID 83814

W19376

No. W 19376	Due no later than May 31, 2004 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 NO FILING FEE IF RECEIVED BY DUE DATE	IRONWOOD DENTAL CARE, P.L.L.C. ~~MARK A JACKSON BENJAMIN L. GATES~~ 916 IRONWOOD DR SUITE D COEUR D ALENE, ID 83814	~~MARK A JACKSON BENJAMIN L. GATES~~ 916 IRONWOOD DR SUITE D COEUR D ALENE, ID 83814 3. New Registered Agent Signature Benjamin L Gates

4 Limited Liability Companies: Enter Names and Addresses of Members

Office held	Name	Street or P.O. Address	City	State	Zip
member	Benjamin L. Gates	2870 Red Cedar Ct.	Coeur d'Alene	Idaho	83815

5. Organized Under the Laws of	6.
IDAHO W 19376	Signature Benjamin L Gates. Date 6/7/04 Name (type or print) Benjamin L. Gates Title member

Issued 06/07/2004

Do Not Tape or Staple

Fold, seal and mail this portion.

C C

Detach at this perforation and discard this lower portion.

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

BLOCK 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

BLOCK 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a **Post Office Box** or **Personal Mail Box.**

BLOCK 3: Only a *new* registered agent must sign in Block 2.

BLOCK 4: Enter names and business addresses of president, secretary and directors (for corporations only) or managers/members (for LLC's only). **Note: Putting "same as last year" or "same as above" will not be accepted. Changes here will not affect the address in Block 1.**

BLOCK 5: May not be altered through the use of this form.

BLOCK 6. The annual report must be signed by a person authorized to represent the corporation/LLC. Print or type the name and title of the signer below the signature.

**** The image of this form will be available on the internet once it is filed. DO NOT enter Social Security Numbers.**

If the (corporation/Limited Liability Company) is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on our website at www.idsos.state.id.us. However, if no timely annual report is filed, administrative action will be taken, at no cost to the (corporation/Limited Liability Company), to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301

POSTMARK DATES WILL NOT BE ACCEPTED