

No. W 64152

Due no later than June 30, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

AMMON M PITT DDS
255 6TH ST
POTLATCH, ID 83855

3. New Registered Agent Signature

25566 01 POTLATCH

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
POTLATCH FAMILY DENTAL PLLC
255 6TH ST
POTLATCH, ID 83855

NO FILING FEE IF
RECEIVED BY DUE DATE

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

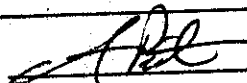
Office held	Name	Street or P.O. Address	City	State	Zip
OWNER	AMMON M PITT	24 2712 GRANVILLE ST	MOSCOW	ID	83843

5. Organized Under the Laws of:

IDAHO
W 64152

6.

Signature



Date

4/11/08

Name

(Typed or
Printed)

Ammon PITT

Title

OWNER DDS