No. <b>W 82175</b>		Due no later than Mar 31, 2010		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JOHN L MCLAUGHLIN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MCLAUGHLIN DENTAL, L.L.C.  JOHN L MCLAUGHLIN  126 W 5TH AVE  GOODING ID 83330		GOODING II	126 W 5TH AVE GOODING ID 83330  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
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	
MEMBER	NANCY C M	CLAUGHLIN	2678 ROCK CREEK RD.	HANSEN	ID	USA	83334	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Joh		Date: 03/25/2010				
W 82175		Name (type or		Title: President				
Processed 03/25/2010 * Electronically provided signatures are accepted as original signatures.								