

No. W 70945		Due no later than Jan 31, 2010		2. Registered Agent and Address (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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ASPEN CREEK DENTAL, PLLC GAIL BRENT ADAMS 6144 BIRCH LANE NAMPA ID 83687		GAIL BRENT ADAMS 4246 W BRAVEHEART LANE EAGLE ID 83616			
				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	
MEMBER	GAIL BRENT ADAMS	4246 W BRAVEHEART LANE	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID W 70945		6. Annual Report must be signed.* Signature: G Brent Adams Name (type or print): G Brent Adams Date: 12/14/2009 Title: Owner					
Processed 12/14/2009		* Electronically provided signatures are accepted as original signatures.					