

No. <b>W 44950</b>	<b>Due no later than Nov 30, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> SUMMIT DENTAL GROUP, PLLC DEAN H. PIERCE 480 N LATAH BOISE ID 83706 USA		D.H. SKIP PIERCE 480 N LATAH BOISE ID 83706			
			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	DEAN H. PIERCE	408 N LATAH	BOISE	ID	USA	83706
MEMBER	CARSON A MOONEY	408 N LATAH	BOISE	ID	USA	83706
5. Organized Under the Laws of:  <b>ID W 44950</b>	6. Annual Report must be signed.* Signature: C.A.Schall Name (type or print): C.A.Schall		Date: 09/20/2010 Title: Bookkeeper			
Processed 09/20/2010		* Electronically provided signatures are accepted as original signatures.				