

No. W 75607	Due no later than Jun 30, 2010 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. STEPHEN W. HOLM, DMD, PLLC STEPHEN W HOLM 3326 4TH ST STE 2 LEWISTON ID 83501 USA		STEPHEN W HOLM 3326 4TH ST STE 2 LEWISTON ID 83501			
			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	STEPHEN W HOLM	3326 4TH ST STE 2	LEWISTON	ID	USA	83501
5. Organized Under the Laws of: ID W 75607	6. Annual Report must be signed.* Signature: Kira Holm Name (type or print): Kira Holm		Date: 04/14/2010 Title: Office Manager			
Processed 04/14/2010		* Electronically provided signatures are accepted as original signatures.				