

No. <b>W 64825</b>		<b>Due no later than Jul 31, 2008</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>Annual Report Form</b>		AESTHETIC SMILES FAMILY AND COSMETIC DENTISTRY PC 4795 N SUMMIT #120 MERIDIAN ID 83642			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		BOISE TOWNE SQUARE DENTAL PLLC WADE A PILLING 4795 N SUMMIT #120 MERIDIAN ID 83642					
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	
MANAGER	AESTHETIC SMILES FAMILY AND COSMETIC DENTISTRY PC	4795 N SUMMIT #120	MERIDIAN	ID	USA	83642	
MANAGER	AVALON DENTAL PC	5353 N MINK AVE	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:  <b>ID W 64825</b>		6. Annual Report must be signed.* Signature: Wade Pilling Name (type or print): Wade Pilling		Date: 08/15/2008 Title: Manager			
Processed 08/15/2008		* Electronically provided signatures are accepted as original signatures.					