

No. W 43817	Due no later than Oct 31, 2009 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.		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702			
	SUN VALLEY DENTAL GROUP, LLC BARBARA L HALL PO BOX 3360 KETCHUM ID 83340 USA		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	BRIAN C GALBRAITH DDS PC	181 FIRST AVE NORTH	KETCHUM	ID	USA	83340
MEMBER	ABLAZE RECONSTRUCTION	181 FIRST AVE NORTH	KETCHUM	ID	USA	83340
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID W 43817		Signature: Brian C. Galbraith			Date: 11/10/2009	
		Name (type or print): Brian C. Galbraith			Title: Owner	
Processed 11/10/2009		* Electronically provided signatures are accepted as original signatures.				