No. W 38985		Due no later than May 31, 2009		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		CADE KONEN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. KENT B. SIMMONS D.D.S., PLLC KENT B SIMMONS 3326 4TH ST STE 2 LEWISTON ID 83501			315 S ALMON MOSCOW ID 83843 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER KENT B SIM		IMONS	7028 COUGAR RIDGE DRIVE		LEWISTON	ID	USA	83501
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 38985		Signature: Kent Simmons			Date: 04/23/2009			
		Name (type or print): Kent Simmons			Title: Managing Member			
Processed 04/23/2009 * Electronically provided signatures are accepted as original signatures.								