

No. <b>W 55709</b>		<b>Due no later than Oct 31, 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>1. Mailing Address: Correct in this box if needed.</b>  SCOTT FEATHERSTONE DDS, PLLC SCOTT L FEATHERSTONE PO BOX 1328 KETCHUM ID 83340-1328 USA		SCOTT FEATHERSTONE 191 5TH ST W KETCHUM ID 83340-1328			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name SCOTT FEATHERSTON DDS	Street or PO Address 105 S ASPEN DR		City KETCHUM	State ID	Country USA	Postal Code 83340
5. Organized Under the Laws of:  <b>ID</b> <b>W 55709</b>		6. Annual Report must be signed.*  Signature: Scott Featherstone Name (type or print): Scott Featherstone  Date: 08/13/2010 Title: Manager					
Processed 08/13/2010      * Electronically provided signatures are accepted as original signatures.							