

No. W 44950

Due no later than November 30, 2006  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

SUMMIT DENTAL GROUP, PLLC  
480 N LATAH  
BOISE, ID 83706

D.H. SKIP PIERCE  
480 N LATAH  
BOISE, ID 83706

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
MANAGER	DEAN H. PIERCE	2069 CREEKSIDE LANE	BOISE	ID	83706
MANAGER	CARSON A. MOONEY	202 HEARTHSTONE DR	BOISE	ID	83702

5. Organized Under the Laws of:

IDAHO  
W 44950

6.

Signature Dean H. Pierce Date 10/31/06

Name (Typed or Printed) Dean H. PIERCE Title Manager