No. **W 20870**	**Due no later than Sep 30, 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.** ORAL SURGERY SERVICES, PLLC BRYAN D LEE 360 E MAIN ST REXBURG ID 83440	BRYAN LEE 165 MARIANNE DR REXBURG ID 83440 3. New 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
MANAGER	BRYAN LEE	360 E MAIN ST	REXBURG	ID	USA	83440

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 20870**	Signature: Bryan D Lee	Date: 11/28/2009
	Name (type or print): Bryan D Lee	Title: Manager

Processed 11/28/2009

* Electronically provided signatures are accepted as original signatures.