|  | Due no later than October 31, 2004  | 2. Registered Agent and Office NO PO BOX  |
|--|---|---|
| No. W 4795  Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | Annual Report Form  1. Mailing Address - Correct in this box, if applicable  BANNER DENTAL CLINIC, P.L.L.C.  KEVIN BANNER  1010 E MAIN ST  BURLEY, ID 83318 | KEVIN BANNER 1010 E MAIN ST BURLEY, ID 83318  3. New Registered Agent Signature |
| NO FILING FEE IF RECEIVED BY DUE DATE  Limited Liability Comp Office held Name                 | nanies: Enter Names and Addresses of Members.  Street or P.O. Address  1010 E M ain 1 Bure  PANN-LY   | City State Zip Hey Icl 83318  |
| Président neve   | NIDANNUY  | ,   |
| 5. Organized Under the Laws of IDAHO W 4795  |   | DE 5até 8/11/04  DE Title Pasident 20041000276                                  |