

No. W 60316

Due no later than March 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

TWO RIVERS DENTAL, PLLC
513 E MAIN ST
WEISER, ID 83672BILL MARTSCH
513 E MAIN ST
WEISER, ID 83672

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

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

Office heldNameStreet or P.O. AddressCityStateZip

MANAGING MEMBER:

SHANE NEWTON 513 E MAIN ST. WEISER ID 83672

MEMBER/D.A.:

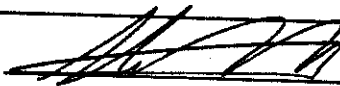
BILL MARTSCH 513 E MAIN ST. WEISER ID 83672

5. Organized Under the Laws of:

IDAHO
W 60316

6.

Signature



Date

2/10/08

(Typed or
printed)

SHANE NEWTON

Title

MANAGING MEMBER

Issued (0 20