No. W 54002	Due no later than August		2. Registered Agent and Office NO PO BOX
Return to:	Annual Report Form		SCOTT A WRIGHT DDS
SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	CENTENNIAL DENTAL, PLLC 12249 W MCMILLAN BOISE, ID 83713		12249 W MCMICLAN BOISE, ID 83713
NO FILING FEE IF RECEIVED BY DUE DATE		***	3. New Registered Agent Signature
4. Limited Liability Companie	es: Enter Names and Addresses of	Members.	
Office held Name	Street or P.O. Address	City	<u>State</u> <u>Zip</u>
President Scott A.h	Street or P.O. Address 12249 W. McM.	illen Bo	TO 83713
	The state of the state of		Consumer that the transfer of the
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5. Organized Under the Laws of:	6.	NA -	- 11.Tom 68
IDAHO W 54002	Signature (Typed or Sept)	A. Walas	Date // Jane 18 Title President
	NRITIN Printed)		