No. <b>W 54884</b>		Due no later than Sep 30, 2010		2. Registered Agent and Address (NO PO BOX)				
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 needed.  BRANT N. OLSON DENTISTRY BUILDING, LLC BRANT N OLSON PO BOX 50160 IDAHO FALLS ID 83405-0160 USA		AARON J WOOLF ESQ 3480 MERLIN DR IDAHO FALLS ID 83404  3. New Registered Agent Signature:*				
								NO FILING FEE IF RECEIVED BY DUE DATE
4. Limited Liability Compa	nies: Enter Nai							mes and Addresses of
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	BRANT N O	LSON	607 ADELL		IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 54884		Signature: Aaron J. Woolf		Date: 07/12/2010				
		Name (type or print): Aaron J. Woolf			Title: Agent			
Processed 07/12/2010 * Electronically provided signatures are accepted as original signatures.								