

No. W 64152	Due no later than Jun 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.		AMMON M PITT DDS 255 6TH ST POTLATCH ID 83855			
	POTLATCH FAMILY DENTAL PLLC AMMON M PITT 255 6TH ST POTLATCH ID 83855 USA		3. <u>New</u> 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
MEMBER	AMMON M PITT DDS	255 6TH ST	POTLATCH	ID	USA	83855
5. Organized Under the Laws of: ID W 64152		6. Annual Report must be signed.* Signature: Ammon Pitt Name (type or print): Ammon Pitt Date: 04/24/2009 Title: Dds				
Processed 04/24/2009		* Electronically provided signatures are accepted as original signatures.				