

No. <b>W 44950</b>		<b>Due no later than Nov 30, 2007</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  SUMMIT DENTAL GROUP, PLLC DEAN H. PIERCE 480 N LATAH BOISE ID 83706 USA		D.H. SKIP PIERCE 480 N LATAH BOISE ID 83706			
				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	
MANAGER	CARSON MOONEY	480 NORTH LATAH	BOISE,	ID	USA	83706	
MANAGER	D.H. SKIP PIERCE	480 NORTH LATAH	BOISE	ID	USA	83706	
5. Organized Under the Laws of:  <b>ID W 44950</b>		6. Annual Report must be signed.* Signature: Dean H. Pierce Name (type or print): Dean H. Pierce					
		Date: 12/18/2007 Title: Manager					
Processed 12/18/2007		* Electronically provided signatures are accepted as original signatures.					