

No. W 31687		Due no later than Jul 31, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MADISON PARK DENTAL CENTER, PLLC ROBERT L WALKER 35 MADISON PROFESSIONAL PK REXBURG ID 83440		ROBERT L WALKER 35 MADISON PROFESSIONAL PK REXBURG ID 83440			
				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	MPDC PC	35 MADISON PROFESSIONAL PK	REXBURG	ID	USA	83440	
MEMBER	JAMES CANNON ALLEN DDS PC	35 MADISON PROFESSIONAL PK	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID W 31687		6. Annual Report must be signed.* Signature: Robert L. Walker Name (type or print): Robert L. Walker					
		Date: 05/18/2009 Title: President					
Processed 05/18/2009		* Electronically provided signatures are accepted as original signatures.					