

No. W 36723		Due no later than Feb 28, 2010		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. J. CLAYTON HANSEN, D.D.S. PLLC LAURIE VEIEN 1526 LEVICK ST MOSCOW ID 83843 USA		WYNN MOSMAN ATTY 803 S JEFFERSON STE 4 MOSCOW ID 83843	
				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	J. CLAYTON HANSEN, D.D.S.	1548 RIDGEVIEW DR	MOSCOW	ID	USA 83843
5. Organized Under the Laws of: ID W 36723		6. Annual Report must be signed.* Signature: J Clayton Hansen Name (type or print): J Clayton Hansen Date: 03/09/2010 Title: Owner / Dentist			
Processed 03/09/2010		* Electronically provided signatures are accepted as original signatures.			