

No. J 863

Due no later than March 31, 2007  
Annual Report Form

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

BOISE WEST DENTAL HEALTH, L.L.P.  
9460 FRANKLIN RD  
BOISE, ID 83709

2. Registered Agent and Office NO PO BOX

ERIC LOWRY  
9460 FRANKLIN RD  
BOISE, ID 83709

3. New Registered Agent Signature

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

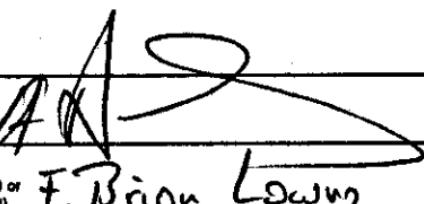
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
partner	Eric B Lowry	9460 Franklin Rd	Boise	Id	83709
partner	F. Brian Lowry	9460 Franklin Rd	Boise	Id	83709

5. Organized Under the Laws of:

IDAHO  
J 863

6.  
Signature

Name (Type or  
Printed)

  
F. Brian Lowry

Date 1/17/07

Title partner