

No. J 863

Due no later than March 31, 2007  
Annual Report Form

2. Registered Agent and Office NO PO BOX

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 83709ERIC LOWRY  
9460 FRANKLIN RD  
BOISE, ID 83709NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

(Typed or  
Printed)

F. Brian Lowry

Date

1/17/07

Title

partner

Issued 01/02/2007

Do Not Tape or Staple

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