No. **W 58493**	**Due no later than Jan 31, 2010** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** PLANTATION DENTAL, L.L.C. THOMAS R CURTIS 5299 LAKEMONT LANE BOISE ID 83714 USA	ERIC L HAFF 1199 MAIN ST BOISE ID 83702 3. New 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	THOMAS R CURTIS	5299 LAKEMONT LANE	BOISE	ID	USA	83714

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 58493**	Signature: Thomas R. Curtis	Date: 11/08/2009
	Name (type or print): Thomas R. Curtis	Title: Manager

Processed 11/08/2009

* Electronically provided signatures are accepted as original signatures.