

No. W 25019

Due no later than July 31, 2008  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

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

CHRISTENSEN DENTAL, PLLC  
LYNDE CHRISTENSEN  
4111 CLOCKTOWER AVE  
CALDWELL, ID 83607

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4111 CLOCKTOWER AVE  
CALDWELL, ID 83607

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<i>Managing member</i>	<i>Lynde Christensen</i>	<i>320 Hilldrop St.</i>	<i>Caldwell</i>	<i>Idaho</i>	<i>83605</i>

5. Organized Under the Laws of:

IDAHO  
W 25019

6.

Signature

Name (Printed or Typed)

*Lynde Christensen*  
*Lynde Christensen*

Date

Title

*5/15/08*  
*Owner*