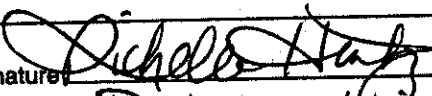


No. W 39414	Due no later than May 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable KEVIN HINTZ FAMILY DENTISTRY L.L.C. 1206 N IDAHO ST POST FALLS, ID 83854		KEVIN HINTZ 1206 N IDAHO ST POST FALLS, ID 83854 3. New Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Richelle Hintz</td> <td>1206 N. Idaho St</td> <td>Post Falls,</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Richelle Hintz	1206 N. Idaho St	Post Falls,	ID	83854
Office held	Name	Street or P.O. Address	City	State	Zip											
Manager	Richelle Hintz	1206 N. Idaho St	Post Falls,	ID	83854											
5. Organized Under the Laws of: IDAHO W 39414		6. Signature  Date 5/14/07 Name (Typed or Printed) Richelle Hintz Title Manager														

Issued 03/01/2007

Do Not Tape or Staple

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