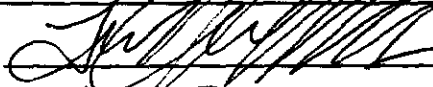


No. W 34733	Due no later than November 30, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		DR TIMOTHY J HUFF DDS 3317 S LONGLEAF AVE BOISE, ID 83716 3. <u>New</u> Registered Agent Signature
	HUFF PROPERTIES, LLC DR TIMOTHY J HUFF DDS 3317 S LONGLEAF AVE BOISE, ID 83716		

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MG. MEMBER	TIM HUFF	3317 S. LONGLEAF AVE	BOISE	ID	83714
MEMBER	COLINE HUFF	3317 S. LONGLEAF AVE	BOISE	ID	83714
MEMBER	SUE BISCHOFF	1080 KENSINGTON DR	ROSEVILLE	CA	95661

5. Organized Under the Laws of: IDAHO W 34733	6. Signature  Date <u>11/21/08</u> Name (Typed or Printed) <u>TIM HUFF, DDS</u> Title <u>MG. MEMBER</u>
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Issued 09/02/2008

Do Not Tape or Staple

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