

No. W 58261

Due no later than January 31, 2009
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

DOUGLAS C. HYMAS, DDS, PLLC
1331 S FIVE MILE RD
BOISE, ID 83709

DOUGLAS C HYMAS
1331 S FIVE MILE RD
BOISE, ID 83709

3. New Registered Agent Signature

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

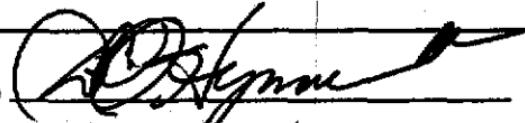
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MEMBER	Douglas C. Hyman DDS.	1331 So 5-Mile Rd	Boise	IDAHO	83709

5. Organized Under the Laws of:

IDAHO
W 58261

6.
Signature

Name (Typed or
Printed)



Douglas C. Hyman, DDS.

Date 15 Jan '09

Title Dentist/member