

No. W 64782	Due no later than Jul 31, 2009 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.		BO GORDYN CROFOOT 3 EAST CENTER ST SUGAR CITY ID 83448			
	CORNER STONE FAMILY DENTAL, LLC PO BOX 307 SUGAR CITY ID 83448		3. <u>New</u> 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	BO GORDYN CROFOOT	3 EAST CENTER ST	SUGAR CITY	ID	USA	83448
MANAGER	JODIE LYNN CROFOOT	333 EAST 2ND NORTH	REXBURG	ID	USA	83440
5. Organized Under the Laws of: ID W 64782	6. Annual Report must be signed.*					
		Signature: Bo Crofoot	Date: 05/26/2009			
		Name (type or print): Bo Crofoot	Title: Manger/ Doctor			
Processed 05/26/2009		* Electronically provided signatures are accepted as original signatures.				