

No. W 70392		Due no later than Jan 31, 2010 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		1. Mailing Address: Correct in this box if needed. MATTHEW TUFT DENTAL LLC. MATTHEW TUFT 2974 NORTH SHARON AVE MERIDIAN ID 83646		MATTHEW TUFT 2974 NORTH SHARON AVE MERIDIAN ID 83646			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name MATTHEW TUFT	Street or PO Address 2974 NORTH SHARON AVE		City MERIDIAN	State ID	Country USA	Postal Code 83646
5. Organized Under the Laws of: ID W 70392		6. Annual Report must be signed.* Signature: Matthew Tuft Name (type or print): Matthew Tuft Date: 11/09/2009 Title: Owner					
Processed 11/09/2009 * Electronically provided signatures are accepted as original signatures.							