W E4004		
No. W 54884 Return to:	Due no later than September 30, 2007	2. Registered Access and Offi
SECRETARY OF STATE	Annual Report Form	2. Registered Agent and Office NO PO BOX
450 NORTH FOURTH STREET	1. Mailing Address - Correct in this box, if applicable	AARON J WOOLF ESQ
PO BOX 83720	BRANT N. OLSON DENTISTRY BUILDING, 408 SHOUP AVE	408 SHOUP AVE IDAHO FALLS, ID 83402
BOISE, ID 83720-0080	IDAHO FALLS, ID 83402	7 LES, ID 83402
NO FILING FEE IF		
RECEIVED BY DUE DATE		3. New Registered Agent Signature
4. Limited Liability Companies: Enter Names and Addresses of Managers.		
Office held Name	Addresses of Managers.	
	Street or P.O. Address City	State
Managing Brant N.	Olson 607 Adell TILE	alls Id. 83400
Member	-aanor	alls Id. 83400
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5. Organized Under the Laws of:		
IDAHO	6. R +1 1	
W 54884	Signature Bront h. Oh	note 8-23-17
	Name Printed Brant N. 0150	Date
Issued 07/02/2007		Date 8-23-07  Title Managing Member
	Do Not Tape or Staple	200709007537
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