

No. J 1492

Due no later than August 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

SANDRA Z EGAN
1227 FILER AVE EAST
TWIN FALLS, ID 83301

3. New Registered Agent Signature

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ARTISTIC DENTAL LLP
1227 FILER AVE EAST
TWIN FALLS, ID 83301

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	Sandy Egan	4340 N 2450E	Filer	ID	83528
	Mike Goodson	230 Tyler	Twin Falls	ID	83301

5. Organized Under the Laws of:

IDAHO
J 1492

6.

Signature Sandy Egan

Date 8/31/08

Name (Typed or Printed) Sandy Egan

Title owner