

No. <b>W 15892</b>		<b>Due no later than Jul 31, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		KURT O IVERSON 135 S STATE ST PRESTON ID 83263			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		PRESTON DENTAL CARE, PLLC KURT O IVERSON 135 S STATE ST PRESTON ID 83263 USA					
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	
MEMBER	KURT O IVERSON	135 S STATE ST	PRESTON	ID	USA	83263	
MEMBER	MARGRET K IVERSON	135 S STATE ST	PRESTON	ID	USA	83263	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 15892</b>		Signature: Kurt Iverson DDS				Date: 05/27/2009	
		Name (type or print): Kurt Iverson DDS				Title: President	
Processed 05/27/2009		* Electronically provided signatures are accepted as original signatures.					