

No. W 34001

Due no later than October 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

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

FAMILY DENTAL CENTER, PLLC (THE)
1363 JUSTA CIRCLE
BLACKFOOT, ID 83221

PAUL L HANSEN
625 W BRIDGE ST
BLACKFOOT, ID 83221

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres	PAUL HANSEN	P.O. Box 458	Blackfoot	ID	83221
Sec	Kristen HANSEN				

5. Organized Under the Laws of:
IDAHO
W 34001

6.

Signature



Date

8-14-08

Name

(Typed or
Printed)

PAUL HANSEN

Title

Pres