No. **W 55492**	**Due no later than Oct 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** DENTAL DEPOT, PLLC LARRY LOOMIS 803 S JEFFERSON STE 2 MOSCOW ID 83843	LARRY LOOMIS 803 S JEFFERSON STE 2 MOSCOW ID 83843 3. New Registered Agent Signature:*

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	LARRY LOOMIS	1050 PARADISE RIDGE RD	MOSCOW	ID	USA	83843
MEMBER	JESSE L COLE	427 PANORAMA DR	MOSCOW	ID	USA	83843

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 55492**	Signature: Larry A. Loomis	Date: 11/10/2010
	Name (type or print): Larry A. Loomis	Title: Member

Processed 11/10/2010

* Electronically provided signatures are accepted as original signatures.