No. **W 19921**	**Due no later than Jul 31, 2009** **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.** MOUNTAINS WEST DENTAL CLINIC, PLLC MONTE EPPICH PO BOX 572 COUNCIL ID 83612	MONTE EPPICH 502 N DARTMOUTH COUNCIL ID 83612 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	MONTE EPPICH	502 W DARTMOUTH	COUNCIL	ID	USA	83612

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 19921**	Signature: Monte R. Eppich	Date: 05/19/2009
	Name (type or print): Monte R. Eppich	Title: Member

Processed 05/19/2009

* Electronically provided signatures are accepted as original signatures.