

No. W 20870
Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

**Due no later than September 30, 2007
Annual Report Form**

1. Mailing Address - Correct in this box, if applicable
ORAL SURGERY SERVICES, PLLC
310 N 2ND E STE 201
REXBURG, ID 83440

2. Registered Agent and Office NO PO BOX
BRYAN LEE
185 MARIANNE DR
REXBURG, ID 83440
3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

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

Office held	Name	Street or P.O. Address	City	State	Zip
MANAGER	BRYAN D. LEE	165 MARIANNE DR.	REXBURG	ID	83440

5. Organized Under the Laws of:
IDAHO
W 20870

6. Signature *Bryan D Lee* Date 8/26/07
Name (Typed or Printed) BRYAN D. LEE Title MANAGER

200709005212

Do Not Tape or Staple