No. **W 64152**	**Due no later than Jun 30, 2010**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** POTLATCH FAMILY DENTAL PLLC AMMON M PITT 255 6TH ST POTLATCH ID 83855 USA	AMMON M PITT DDS 255 6TH ST POTLATCH ID 83855 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	AMMON M PITT DDS	255 6TH ST	POTLATCH	ID	USA	83855

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 64152**	Signature: Ammon M. Pitt	Date: 07/09/2010
	Name (type or print): Ammon M. Pitt	Title: Owner/Dentist

Processed 07/09/2010

* Electronically provided signatures are accepted as original signatures.