

No. J 1492

Due no later than August 31, 2007
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

ARTISTIC DENTAL LLP
1227 FILER AVE EAST
TWIN FALLS, ID 83301SANDRA Z EGAN
1227 FILER AVE EAST
TWIN FALLS, ID 83301NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	Sandra Egan	1227 Filer Ave. E	Twin Falls	ID	83301
	Mike Goodson	1227 Filer Ave. E	Twin Falls	ID	83301

5. Organized Under the Laws of:

IDAHO
J 1492

6.

Signature Sandra EganDate 8/28/07Name (Typed or Printed) SANDRA EGANTitle owner

Issued 06/01/2007

Do Not Tape or Staple

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