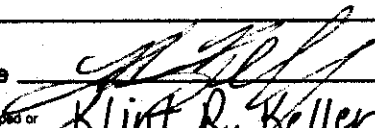


No. W 57256 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than December 31, 2007 Annual Report Form 1. Mailing Address - Correct in this box, if applicable DENTAL PARTNERS, PLLC 207 7TH AVE S NAMPA, ID 83651	2. Registered Agent and Office NO PO BOX KLINT R KELLER 207 7TH AVE S NAMPA, ID 83651 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers.																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>Partner</td> <td>Klint R. Keller</td> <td>207 7th Ave. S.</td> <td>NAMPA</td> <td>ID</td> <td>83651</td> </tr> <tr> <td>Partner</td> <td>Jason B. Hammer</td> <td>207 7th Ave. S.</td> <td>NAMPA</td> <td>ID</td> <td>83651</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Partner	Klint R. Keller	207 7th Ave. S.	NAMPA	ID	83651	Partner	Jason B. Hammer	207 7th Ave. S.	NAMPA	ID	83651
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5. Organized Under the Laws of: IDAHO W 57256	6. Signature  Name (Typed or Printed) <u>Klint R. Keller</u> Date <u>10-11-07</u> Title <u>Partner</u>																			

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