

No. W 9541	Due no later than August 31, 2008 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable EXCEL DENTAL TECHNIQUES LLC ALICE SAGER 2125 OVERLAND RD STE A BOISE, ID 83705		ALICE SAGER 2125 OVERLAND RD BOISE, ID 83705 3. New Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers.																					
<table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER/MEMBER</td> <td>ALICE SAGER</td> <td>2125 OVERLAND RD</td> <td>BOISE</td> <td>ID</td> <td>83705</td> </tr> <tr> <td>MANAGER/MEMBER</td> <td>William SAGER</td> <td>2125 OVERLAND RD</td> <td>BOISE</td> <td>ID</td> <td>83705</td> </tr> </tbody> </table>	<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MANAGER/MEMBER	ALICE SAGER	2125 OVERLAND RD	BOISE	ID	83705	MANAGER/MEMBER	William SAGER	2125 OVERLAND RD	BOISE	ID	83705			
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5. Organized Under the Laws of: IDAHO	6. Signature <u>Alice A. Sager</u> Date <u>6-25-08</u>																				