

No. W 2847		Due no later than Aug 31, 2009		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. CHANNING WAY DENTAL CARE, PLLC LORI FURSTENAU 2205 CHANNING WAY STE B IDAHO FALLS ID 83404 USA		KARL R DECKER 1000 RIVERWALK DR STE 200 IDAHO FALLS ID 83402			
				3. <u>New</u> 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	JEFFREY A HOOVER DMD	2205 CHANNING WY	IDAHO FALLS	ID	USA	83404	
MEMBER	COREY CHRISTENSEN D.D.S.	2205 CHANNING WAY STE B	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID W 2847		6. Annual Report must be signed.* Signature: Lori Furstenau Name (type or print): Lori Furstenau Date: 06/11/2009 Title: Practice Administrator					
Processed 06/11/2009		* Electronically provided signatures are accepted as original signatures.					