

No. W 17178

Due no later than November 30, 2006
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

MALLARD FAMILY DENTAL CENTER, PLLC
JAMES A GORCZYCA DDS
144 E MALLARD DR
BOISE, ID 83706JAMES A GORCZYCA DDS
144 E MALLARD DR
BOISE, ID 83706NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4.

Limited Liability Companies: Enter Names and Addresses of Members.

Office heldNameStreet or P.O. AddressCityStateZip

PARTNER JAMES A. GORCZYCA

144 E. MALLARD DR. BOISE IDAHO 83706

PARTNER JEFFREY B. KESLING

144 E. MALLARD DR. BOISE IDAHO 83706

5. Organized Under the Laws of:

IDAHO
W 17178

6.

Signature

Date

9-11-06

Name (Type or Print)

JAMES A. GORCZYCA

Title

PARTNER