

No. W 30987		Due no later than Jun 30, 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. CTEA, LLC 2031 E HOSPITALITY LN STE 100 BOISE ID 83716		EDWARD C WAGNER DMD 2031 E HOSPITALITY LN #100 BOISE ID 83716			
				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	CHAD W ROSKELLEY DDS	2033 E SUMMERSWEET DR	BOISE	ID	USA	83716	
MEMBER	EDWARD C WAGNER DMD	2033 E SUMMERSWEET DR	BOISE	ID	USA	83716	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 30987		Signature: Chad Roskelley				Date: 05/13/2009	
		Name (type or print): Chad Roskelley				Title: Member	
Processed 05/13/2009		* Electronically provided signatures are accepted as original signatures.					