

No. W 71020	Due no later than Feb 28, 2010 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. PAYETTE DENTAL, PLLC DR BARRY JARDINE 811 CENTER AVE PAYETTE ID 83661		BARRY JARDINE 2565 W BELLAGIO DR MERIDIAN ID 83646			
			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	DR BARRY JARDINE	2565 W BELLAGIO DR	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of: ID W 71020	6. Annual Report must be signed.* Signature: Barry Jardine Name (type or print): Barry Jardine		Date: 12/30/2009 Title: Manager			
Processed 12/30/2009		* Electronically provided signatures are accepted as original signatures.				