

No. <b>W 55492</b>		<b>Due no later than Oct 31, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  DENTAL DEPOT, PLLC LARRY LOOMIS 803 S JEFFERSON STE 2 MOSCOW ID 83843		LARRY LOOMIS 803 S JEFFERSON STE 2 MOSCOW ID 83843			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	LARRY LOOMIS	1050 PARADISE RIDGE RD	MOSCOW	ID	USA	83843	
MEMBER	JESSE L COLE	427 PANORAMA DR	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:  <b>ID</b> <b>W 55492</b>		6. Annual Report must be signed.*  Signature: Larry Loomis Name (type or print): Larry Loomis					
		Date: 11/08/2011 Title: Member					
Processed 11/08/2011		* Electronically provided signatures are accepted as original signatures.					