

No. W 106007		Due no later than Aug 31, 2012 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		1. Mailing Address: Correct in this box if needed. COUGARPOINT DENTAL ARTS LLC MONTY P SHORT 4575 HILLVIEW RD EMMETT ID 83617		MONTY P SHORT 4575 HILLVIEW RD EMMETT ID 83617			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name MONTY P. SHORT	Street or PO Address 4575 HILLVIEW RD.		City EMMETT	State ID	Country USA	Postal Code 83617
5. Organized Under the Laws of: ID W 106007		6. Annual Report must be signed.* Signature: Monty P. Short Name (type or print): Monty P. Short Date: 06/26/2012 Title: Owner					
Processed 06/26/2012 * Electronically provided signatures are accepted as original signatures.							