

No. W 60691		Due no later than Mar 31, 2013		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. KEMP DENTAL, LLC LARRY J KEMP 1541 E CLARK ST POCATELLO ID 83201		LARRY J KEMP 1541 E CLARK ST POCATELLO ID 83201			
				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 J KEMP	2600 N STONE RIVER CIRCLE	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of: ID W 60691		6. Annual Report must be signed.* Signature: Larry Kemp Name (type or print): Larry Kemp Date: 01/17/2013 Title: Member					
Processed 01/17/2013		* Electronically provided signatures are accepted as original signatures.					