

No. <b>W 60691</b>		<b>Due no later than Mar 31, 2013</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>  KEMP DENTAL, LLC LARRY J KEMP 1541 E CLARK ST POCATELLO ID 83201		LARRY J KEMP 1541 E CLARK ST POCATELLO ID 83201			
<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 MEMBER	Name LARRY J KEMP	Street or PO Address 2600 N STONE RIVER CIRCLE		City POCATELLO	State ID	Country USA	Postal Code 83204
5. Organized Under the Laws of:  <b>ID</b> <b>W 60691</b>		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.							