No. <b>W 22177</b>		Due	e no later than Jan 31, 2013	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		EDWARD (	EDWARD C WAGNER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  TMD, PLLC CHAD W ROSKELLEY 2031 E HOSPITALITY LN #100 BOISE ID 83716		2031 E HOSPITALITY LANE #100 BOISE ID 83716  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE				0. <u>u</u> egis.				
		mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER	CHAD W ROSKELLEY EDWARD C WAGNER		2031 E HOSPITALITY LANE #100 2031 E HOSPITALITY LANE #100	BOISE BOISE	ID ID	USA USA	83716 83716	
5. Organized Under the Li	aws of:	6. Annual Report	must be signed.*					
ID		Signature: Ewagner		Date: 11/12/2012				
W 22177		Name (type or print): Ewagner		Title: Owner/ Dentist				
Processed 11/12/2012		* Electronically provided signatures are accepted as original signatures.						