No. **W 13032**	**Due no later than Sep 30, 2012**	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.** PENNSYLVANIA DENTAL, PLLC DEVIN J STAMPFLI DDS 150 E BOISE AVE BOISE ID 83706-4302	DEVIN STAMPFLI DDS 150 E BOISE AVE BOISE ID 83706-4302 3. New 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	DEVIN J STAMPFLI	150 E BOISE AVE	BOISE	ID	USA	83706-4302
MEMBER	BART EISENBARTH DDS	150 E BOISE AVE	BOISE	ID	USA	83706-4302

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 13032**	Signature: Devin Stampfli	Date: 07/31/2012
	Name (type or print): Devin Stampfli	Title: Member

Processed 07/31/2012

* Electronically provided signatures are accepted as original signatures.