

No. W 31687		Due no later than Jul 31, 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. MADISON PARK DENTAL CENTER, PLLC ROBERT L WALKER 35 MADISON PROFESSIONAL PK REXBURG ID 83440		ROBERT L WALKER 35 MADISON PROFESSIONAL PK REXBURG ID 83440			
				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	ROBERT L WALKER	35 MADISON PROFESSIONAL PK	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 31687		Signature: Robert L. Walker				Date: 05/09/2012	
		Name (type or print): Robert L. Walker				Title: President	
Processed 05/09/2012		* Electronically provided signatures are accepted as original signatures.					