

No. W 51762		Due no later than Jun 30, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. OLER DENTAL PLLC CAMERON D OLER 1411 FALLS AVE EAST 1329 TWIN FALLS ID 83301		CAMERON D OLER 1411 FALLS AVE EAST 1329 TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				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	CAMERON D OLER	2041 STADIUM BLVD		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 51762		6. Annual Report must be signed.* Signature: Cameron OLER Name (type or print): Cameron OLER Date: 07/09/2010 Title: Owner					
Processed 07/09/2010 * Electronically provided signatures are accepted as original signatures.							