No. <b>W 12581</b>		Due no later than Aug 31, 2011			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KELLY CARLEN 730 MEGAN CT NAMPA ID 83686			
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		KELLY E. CARLEN, DDS, PLLC KELLY CARLEN 730 MEGAN CT			INTELL DOGGE			
		NAMPA ID 83686-8735		3	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: E	Enter Nar	mes and Address	ses of at least one Member or Manager.					
Office Held Nam	ne		Street or PO Address		City	State	Country	Postal Code
	LY E CA		730 MEGAN COURT		NAMPA	ID	USA	83686
MEMBER SHA'	SHAWNA D CARLEN		730 MEGAN COURT		NAMPA	ID	USA	83686
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 12581		Signature: Kelly E. Carlen			Date: 06/13/2011			
		Name (type or print): Kelly E. Carlen			Title: Manager			
Processed 06/13/2011	* Electronically provided signatures are accepted as original signatures.							