

No. W 81668		Due no later than Feb 28, 2010		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. ARTISTIC DENTAL LLC SANDRA Z SEYMOUR 1227 FILER AVE E TWIN FALLS ID 83301		SANDRA Z SEYMOUR 1227 FILER AVE E TWIN FALLS ID 83301			
				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	SANDRA Z SEYMOUR	1227 FILER AVE E	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 81668		6. Annual Report must be signed.* Signature: Sandra Seymour Name (type or print): Sandra Seymour Date: 01/22/2010 Title: Owner					
Processed 01/22/2010		* Electronically provided signatures are accepted as original signatures.					