

No. W 98594	Due no later than Dec 31, 2011 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. WOLD AND WOLD FAMILY DENTISTRY, LLC JOHN D WOLD 600 E RIVERPARK LN STE 140 BOISE ID 83706	IDAHO SERVICE COMPANY 101 S CAPITOL BLVD 10TH FLOOR BOISE ID 83702 USA	
		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	JOHN D WOLD	600 E. RIVERPARK LN. STE. 140	BOISE ID USA 83706
5. Organized Under the Laws of: ID W 98594	6. Annual Report must be signed.* Signature: John D. Wold Name (type or print): John D. Wold		Date: 01/17/2012 Title: Dentist
Processed 01/17/2012		* Electronically provided signatures are accepted as original signatures.	