No. W 38614		Due no later than Apr 30, 2012		2. Registered Ager	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KEITH D BROWN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. POST FALLS SPECIALTY DENTAL, L.L.C. TYLER MORTON 602 N. CALGARY CT.		5112 E TWILA COURT POST FALLS ID 83854				
NO FILING FEE IF RECEIVED BY DUE DATE		SUITE 301 POST FALLS ID 83854		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	MARK C PAXTON DDS PS		12109 E BROADWAY AVE	SPOKANE	WA	USA	99206-6133	
MEMBER	ERIK CURTIS		602 N. CALGARY CT. 300	POST FALLS	ID	USA	83854	
MEMBER	TIM GATTEN		602 N. CALGARY CT. 301	POST FALLS	ID	USA	83854	
MEMBER BRYAN MCLELLAND		ELLAND	12109 E. BROADWAY BLDG C	SPOKANE	WA	USA	99206	
MEMBER MELANIE LANG		NG	12109 E. BROADWAY BLDG C	SPOKANE	WA	USA	99206	
MEMBER	MBER THOMAS JAEGER		1717 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814	
MEMBER	MEMBER BRAD BARLOW		102 W. 11TH AVE. ST. D	POST FALLS	ID	USA	83854	
MEMBER	RYAN FACE	₹.	572 W. PACIFIC DR.	AMERICAN FORK	UT	USA	84003	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Tyler Morton		Date: 03/07/2012				
W 38614		Name (type or print): Tyler Morton		Title: Building Manager				
Processed 03/07/2012 * Electronically provided signatures are accepted as original signatures.								