

No. W 62939	Due no later than May 31, 2012 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.		MARK OLIVERSON DMD 106 S DAISY SALMON ID 83467			
	SALMON DENTAL CENTER PLLC MARK S OLIVERSON 106 S DAISY SALMON ID 83467 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	MARK OLIVERSON DMD	106 S DAISY	SALMON	ID	USA	83467
5. Organized Under the Laws of: ID W 62939		6. Annual Report must be signed.* Signature: Mark S. Oliverson Name (type or print): Mark S. Oliverson		Date: 03/14/2012 Title: Dmd		
Processed 03/14/2012		* Electronically provided signatures are accepted as original signatures.				