

No. W 60778		Due no later than Mar 31, 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		DR JOHN R GARRARD 301 SCOTT AVE RUPERT ID 83350			
		1. Mailing Address: Correct in this box if needed. DOCTORS GARRARD AND WAYMENT, DENTISTS, PLLC. PO BOX 338 RUPERT ID 83350 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	DR JOHN R GARRARD	508 RIVERSIDE DR	BURLEY	ID	USA	83318	
MEMBER	DR ROBBIE WAYMENT	265 NORTH 125 WEST	RUPERT	ID	USA	83350	
5. Organized Under the Laws of: ID W 60778		6. Annual Report must be signed.* Signature: Dr. John R Garrard Name (type or print): Dr. John R Garrard					
Date: 01/13/2010 Title: Owner							
Processed 01/13/2010		* Electronically provided signatures are accepted as original signatures.					