No. <b>W 64770</b>		Du	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			JEFFREY GEIST			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  ORTHODONTIC SPECIALISTS OF MAGIC VALLEY, LLC BETHANY GRIGGS  1096 NORTH EASTLAND DRIVE		TWIN FALLS	318 FALLS AVE TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE		SUITE 200 TWIN FALLS ID 83301		3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Compa	anies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER			3210 HIGHLAWN DR 2111 CANDLEWOOD	TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 64770		Signature: Bethany Griggs Name (type or print): Bethany Griggs			Date: 05/14/2013 Title: Bookkeeper			
Processed 05/14/2013 * Electronically provided signatures are accepted as original signatures.								