

No. W 101328	Due no later than Mar 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. BIG CREEK FAMILY DENTISTRY, PLLC LAUREN A YUN 2248 E ALDERHILL DR EAGLE ID 83616		BRAD WILLIAMS 2248 E ALDERHILL DR EAGLE ID 83616			
			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	BRAD J WILLIAMS	2248 E. ALDERHILL DRIVE	EAGLE	IS	USA	83616
5. Organized Under the Laws of: ID W 101328	6. Annual Report must be signed.* Signature: Brad Williams Name (type or print): Brad Williams		Date: 04/12/2012 Title: Member			
Processed 04/12/2012		* Electronically provided signatures are accepted as original signatures.				