No. **W 83948**	**Due no later than May 31, 2011** **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.** SCHWEITZER MOUNTAIN DENTAL PLLC JONATHAN J SMITH PO BOX 1812 SANDPOINT ID 83864 USA	JONATHAN SMITH 206 SERENITY PLACE SANDPOINT ID 83864 3. New 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
MANAGER	JONATHAN J SMITH	206 SERENITY PLACE	SANDPOINT	ID	USA	83864

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 83948**	Signature: Jonathan J Smith	Date: 03/18/2011
	Name (type or print): Jonathan J Smith	Title: Owner-DDS

Processed 03/18/2011

* Electronically provided signatures are accepted as original signatures.