

No. J 94		Due no later than Jun 30, 2013 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		1. Mailing Address: Correct in this box if needed. NAMPA PLAZA DENTAL ASSOCIATES, L.L.P. BRIAN M HOWARD 1613A 12TH AVE RD NAMPA ID 83686 USA		BRIAN M HOWARD 1613A 12TH AVE RD NAMPA ID 83686			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	BRIAN M HOWARD	1613A 12TH AVE RD	NAMPA	ID	USA	83686	
PARTNER	LAURA LYN HOWARD	2607 S SIENNA DR	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID J 94		6. Annual Report must be signed.* Signature: Laura Lyn Howard Name (type or print): Laura Lyn Howard					
		Date: 05/13/2013 Title: Partner					
Processed 05/13/2013		* Electronically provided signatures are accepted as original signatures.					