

No. W 90853		Due no later than Feb 29, 2012		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 1. Mailing Address: Correct in this box if needed. TETON VALLEY DENTAL CENTER, PLLC SUSETTE BRIZZEE PO BOX 791 DRIGGS ID 83422		JAMES C ALLEN 35 MADISON PROF PK REXBURG ID 83440			
				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	
MANAGER	SUSETTE BRIZZEE	BOX 791	DRIGGS	ID	USA	83440	
5. Organized Under the Laws of: ID W 90853		6. Annual Report must be signed.* Signature: Susette Brizzee Name (type or print): Susette Brizzee Date: 12/14/2011 Title: Manager					
Processed 12/14/2011		* Electronically provided signatures are accepted as original signatures.					