No. **W 63024**	**Due no later than May 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.** VALLEY ORTHODONTICS, LLC PHILLIP D LOWDER PO BOX 246 RIGBY ID 83442 USA	ERIK LOWDER 954 MELROSE DR IDAHO FALLS ID 83401 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	PHILLIP D LOWDER	1002 SHELL FLOWER RD	HENDERSON	NV	USA	89074

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
NV **W 63024**	Signature: Phillip Lowder	Date: 04/23/2012
	Name (type or print): Phillip Lowder	Title: Member Manager

Processed 04/23/2012

* Electronically provided signatures are accepted as original signatures.