

No. W 15311		Due no later than May 31, 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. CANYON RIM ORAL SURGERY, P.L.L.C. MARK A PLANT DDS PA 2064 WASHINGTON ST N TWIN FASLLS ID 83301 USA		MARK A PLANT DDS PA 2064 WASHINGTON ST N TWIN FALLS ID 83301			
				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	MARK A PLANT DDS PA	2064 WASHINGTON ST N	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 15311		6. Annual Report must be signed.* Signature: Mark Plant Name (type or print): Mark Plant Date: 03/21/2012 Title: Owner					
Processed 03/21/2012		* Electronically provided signatures are accepted as original signatures.					