No. <b>W 58616</b>		Due no later than Jan 31, 2013		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			ERIC L OLSEN 201 E CENTER ST POCATELLO ID 83201			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Mailing Address: Correct in this box if needed.  IDAHO CRANIOFACIAL IMAGING, LLC  ERIC D JOHNSON  652 E ALAMEDA ROAD						
				FOCATELLO				
		POCATELLO ID 83201		3. <u>New</u> Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held Na	me		Street or PO Address	City	State	Country	Postal Code	
MANAGER ERIC D JOH			652 E ALAMEDA ROAD	POCATELLO	ID	USA	83201	
MEMBER JEF	JEFFREY T MCMINN		625 E ALAMEDA	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 58616		Signature: Eric Johnson			Date: 11/13/2012			
		Name (type o	r print): Eric Johnson		Title: Manager			
Processed 11/13/2012		* Electronically provided signatures are accepted as original signatures.						