

No. <b>W 22004</b>		<b>Due no later than Dec 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		LUKINS & ANNIS 601 E FRONT AVE STE 502 COEUR D'ALENE ID 83814			
		<b>1. Mailing Address: Correct in this box if needed.</b> BEARABLE DENTISTRY, PLLC BRYAN S SCHIAVONI 1030 WALLEN ROAD MOSCOW ID 83843 USA		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	
MEMBER	MATTHEW J SEPT DMD	1410 S MAIN STREET	MOSCOW	ID	USA	83843	
MEMBER	DUSTIN A WEITZ DDS	1410 S MAIN	MOSCOW	ID	USA	83843	
MEMBER	BRYAN SCHIAVONI DDS	1410 S MAIN	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of: <b>ID W 22004</b>		6. Annual Report must be signed.* Signature: Bryan Schiavoni Name (type or print): Bryan Schiavoni Date: 12/18/2012 Title: Officer					
Processed 12/18/2012		* Electronically provided signatures are accepted as original signatures.					