

No. W 55431	Due no later than Oct 31, 2010 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.		J JEFFREY YBARGUEN 3423 MERLIN DR STE 100 IDAHO FALLS ID 83404			
	ELITE DENTAL CARE, PLLC 3423 MERLIN DR STE 100 IDAHO FALLS ID 83404		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	J JEFFREY YBARGUEN	3551 DAIRY LN	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID W 55431		6. Annual Report must be signed.* Signature: Jeff Ybarguen Name (type or print): Jeff Ybarguen		Date: 08/06/2010 Title: Manager		
Processed 08/06/2010		* Electronically provided signatures are accepted as original signatures.				