No. <b>W 57871</b>	C	Due no later than Jan 31, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		DR BARRY JARDINE			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  SOUTHERN SPRINGS DENTAL, PLLC  DR BARRY JARDINE  1910 S MERIDIAN RD STE 150			1910 MERIDIAN RD STE 150 MERIDIAN ID 83642			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			MERIDIAN IL				
	MERIDIAN ID 83642		3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter N	ames and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER DR BARRY JARDINE		2565 W BELLAGIO DR	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:	Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: Barry Jardine			Date: 12/02/2010			
W 57871	Name (type or print): Barry Jardine			Title: Owner			
Processed 12/02/2010	* Electronically	* Electronically provided signatures are accepted as original signatures.					