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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------|---------|-------------|--|
| No. <b>W 63024</b>                                                                                                                                     |                  | Due no later than May 31, 2013                                                                                                                                                        |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>VALLEY ORTHODONTICS, LLC<br>PHILLIP D LOWDER<br>PO BOX 246<br>RIGBY ID 83442<br>USA |           | ERIK LOWDER<br>954 MELROSE DR<br>IDAHO FALLS ID 83401 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                                       |           | 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                                                                                                                                                | PHILLIP D LOWDER | 1002 SHELL FLOWER RD                                                                                                                                                                  | HENDERSON | NV                                                    | USA     | 89074       |  |
| 5. Organized Under the Laws of:<br><br><b>NV<br/>W 63024</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Phillip Lowder<br>Name (type or print): Phillip Lowder<br>Date: 04/29/2013<br>Title: Member Manager                                   |           |                                                       |         |             |  |
| Processed 04/29/2013                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                             |           |                                                       |         |             |  |