

No. W 83948		Due no later than May 31, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SCHWEITZER MOUNTAIN DENTAL PLLC JONATHAN J SMITH PO BOX 1812 SANDPOINT ID 83864 USA		JONATHAN SMITH 206 SERENITY PLACE SANDPOINT ID 83864	
				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
MANAGER	JONATHAN J SMITH	206 SERENITY PLACE	SANDPOINT	ID	USA
5. Organized Under the Laws of: ID W 83948					
6. Annual Report must be signed.* Signature: Jonathan Smith Name (type or print): Jonathan Smith Date: 04/23/2012 Title: Owner					
Processed 04/23/2012 * Electronically provided signatures are accepted as original signatures.					