No. W 103285		Due no later than May 31, 2012			2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		ANDREA S RADABAUGH DDS 420 N DIVISION CRAIGMONT ID 83523					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ANDREA S RADABAUGH, DDS, PLLC ANDREA S RADABAUGH DDS PO BOX 218							
					CRAIGHONI ID 03323				
		CRAIGMONT ID 83523			3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.									
Office Held Nan	ne		Street or PO Address		City	State	Country	Postal Code	
MEMBER ANDREA S I		RADABAUGH	420 N DIVISION		CRAIGMONT	ID	USA	83523	
5. Organized Under the Laws o	of:	6. Annual Report r	must be signed.*						
ID		Signature: Andrea S Radabaugh			Date: 03/09/2012				
W 103285		Name (type or print): Andrea S Radabaugh			Title: Owner				
Processed 03/09/2012	* Electronically provided signatures are accepted as original signatures.								