

No. W 10473		Due no later than Dec 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. VALLEYVIEW FAMILY DENTISTRY, P.L.L.C. LEE R REDDISH 1980 BIRDIE THOMPSON DRIVE POCATELLO ID 83201 USA		G WILLIAM GODFREY 1980 BIRDIE THOMPSON DR POCATELLO ID 83201			
				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	LEE R REDDISH	1980 BIRDIE THOMPSON	POCATELLO	ID	USA	83201	
MANAGER	STEEL CITY PC	308 LA MONTAGNA STRADA	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 10473		6. Annual Report must be signed.* Signature: Lee Reddish Name (type or print): Lee Reddish Date: 10/17/2012 Title: Co-Owner					
Processed 10/17/2012		* Electronically provided signatures are accepted as original signatures.					