

No. <b>W 113040</b>		<b>Due no later than Apr 30, 2013</b>		<b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> LEGACY FAMILY DENTAL CARE PLLC WHITNEY M FRANK 620 N 7TH ST COEUR D ALENE ID 83814		WHITNEY M FRANK 620 N 7TH ST COEUR D ALENE ID 83814		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	
MEMBER	WHITNEY M FRANK	620 N 7TH ST	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of:  <b>ID W 113040</b>		6. Annual Report must be signed.* Signature: Whitney Frank Name (type or print): Whitney Frank		Date: 02/18/2013 Title: Owner			
Processed 02/18/2013		* Electronically provided signatures are accepted as original signatures.					