

No. W 113040		Due no later than Apr 30, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. 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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name WHITNEY M FRANK	Street or PO Address 620 N 7TH ST		City COEUR D'ALENE	State ID	Country USA	Postal Code 83814
5. Organized Under the Laws of: ID W 113040		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.							