No. W 98774		Due no later than Dec 31, 2011		2. Registered Ag	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. FAIRCHILD PEDIATRIC DENTISTRY LLC JAMIE FAIRCHILD 406 W 260 N BLACKFOOT ID 83221		406 W 260 N	JAMIE FAIRCHILD 406 W 260 N BLACKFOOT ID 83221 3. New Registered Agent Signature:*			
				3. <u>New</u> Register				
200 100 1		nes and Addresse	es of at least one Member or Manager.	6 11	61.1		D	
	Name BRAYDEN FA	AIRCHILD	Street or PO Address 406 W 260 N	City BLACKFOOT	State ID	Country USA	Postal Code 83221	
MEMBER .	BER JAMIE FAIRCH		406 W 260 N	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 98774		Signature: Jamie Fairchild			Date: 12/16/2011			
		Name (type o		Title: Dmd				
Processed 12/16/2011		* Electronically p	rovided signatures are accepted as origina	al signatures.				