No. W 108307		Due no later than Nov 30, 2013		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. DENTIST-911, PLLC SHAUN CHRISTENSEN 155 S MIDLAND BLVD NAMPA ID 83686		155 S MIDL/ NAMPA ID	SHAUN CHRISTENSEN DMD PC 155 S MIDLAND BLVD NAMPA ID 83686 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresse	s of at least one Member or Manager					
Office Held	Name	mes and Addresse	Street or PO Address	City	State	Country	Postal Code	
MANAGER SHAUN CHRIS		ISTENSEN	155 S. MIDLAND BLVD	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID W 108307		6. Annual Report Signature: Sha Name (type or		Date: 09/21/2013 Title: Owner				
Processed 09/21/2013 * Electronically provided signatures are accepted as original signatures.								