

No. W 83948		Due no later than May 31, 2010		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. SCHWEITZER MOUNTAIN DENTAL PLLC JONATHAN J SMITH 206 SERENITY PL SANDPOINT ID 83864		JONATHAN SMITH 206 SERENITY PLACE SANDPOINT ID 83864			
				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	JONATHAN J SMITH	206 SERENITY PLACE	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: ID W 83948		6. Annual Report must be signed.* Signature: Jonathan J Smith Name (type or print): Jonathan J Smith					
		Date: 04/22/2010 Title: Manager					
Processed 04/22/2010		* Electronically provided signatures are accepted as original signatures.					