

No. W 64782		Due no later than Jul 31, 2011 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. CORNER STONE FAMILY DENTAL, LLC PO BOX 307 SUGAR CITY ID 83448		BO GORDYN CROFOOT 3 EAST CENTER ST SUGAR CITY ID 83448			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	BO GORDYN CROFOOT	3 EAST CENTER ST	SUGAR CITY	ID	USA	83448	
MANAGER	JODIE LYNN CROFOOT	333 EAST 2ND NORTH	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID W 64782		6. Annual Report must be signed.* Signature: Bo Crofoot Name (type or print): Bo Crofoot					
Processed 05/23/2011		Date: 05/23/2011 Title: Manager * Electronically provided signatures are accepted as original signatures.					