

No. W 64740		Due no later than Jul 31, 2011		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. BRUMBACH FAMILY DENTISTRY PLLC ZACH BRUMBACH 609 CALGARY CT STE 104 POST FALLS ID 83854 USA		ZACHARY HARRIS BRUMBACH DDS 609 CALGARY CT STE 104 POST FALLS ID 83854	
				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
MEMBER	ZACHARY HARRIS BRUMBACH DDS	2551 RENOIR DR.	COEUR D'ALENE	ID	USA 83815
5. Organized Under the Laws of: ID W 64740		6. Annual Report must be signed.* Signature: Zhb Name (type or print): Zhb Date: 07/26/2011 Title: Owner			
Processed 07/26/2011		* Electronically provided signatures are accepted as original signatures.			