

No. W 35128	Due no later than Dec 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MICHAEL A. BLOOM, DMD, PLLC PAUL W DAUGHARTY 110 E WALLACE AVE COEUR D ALENE ID 83814	PAUL W DAUGHARTY 110 E WALLACE AVE COEUR D'ALENE ID 83814				
		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	MICHAEL A BLOOM DMD	9928 N GOVERNMENT WAY	HAYDEN	ID	USA	83835
5. Organized Under the Laws of: ID W 35128	6. Annual Report must be signed.* Signature: Paul W. Daugharty Name (type or print): Paul W. Daugharty		Date: 10/11/2011 Title: Registered Agent			
Processed 10/11/2011		* Electronically provided signatures are accepted as original signatures.				