No. **W 111319**	**Due no later than Feb 28, 2013**	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.** BEAR LAKE DENTAL HOLDINGS, LLC CINDY M. COOK PO BOX 326 MONTPELIER ID 83254 USA	MONTY B WESTON 215 S 4TH ST MONTPELIER ID 83254 3. New 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	MONTY B WESTON	215 S 4TH STREET PO BOX 326	MONTPELIER	ID	USA	83254

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 111319**	Signature: Monty B. Weston	Date: 12/21/2012
	Name (type or print): Monty B. Weston	Title: Owner

Processed 12/21/2012

* Electronically provided signatures are accepted as original signatures.