No. **W 33460**	**Due no later than Sep 30, 2012** **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.** DOUGLAS B. AKERS, DDS, MS P.L.L.C. DOUGLAS B AKERS 2009 SUNRISE WAY POCATELLO ID 83201 USA	DOUGLAS B AKERS 2009 SUNRISE WAY POCATELLO ID 83201 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	DOUGLAS B AKERS	2009 SUNRISE WAY	POCATELLO	ID	USA	83201

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 33460**	Signature: Douglas B. Akers	Date: 07/12/2012
	Name (type or print): Douglas B. Akers	Title: Business Owner

Processed 07/12/2012

* Electronically provided signatures are accepted as original signatures.