

No. <b>W 69626</b>		<b>Due no later than Dec 31, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  RIVER VISTA DENTAL ASSISTING SCHOOL, LLC ROBERT A ADAMS 188 RIVER VISTA PL TWIN FALLS ID 83301 USA		ROBERT A ADAMS 188 RIVER VISTA PL TWIN FALLS ID 83301			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name ROBERT A ADAMS	Street or PO Address 821 RIMVIEW LANE W		City TWIN FALLS	State ID	Country USA	Postal Code 83301
5. Organized Under the Laws of:  <b>ID</b> <b>W 69626</b>		6. Annual Report must be signed.*  Signature: Robert A Adams Name (type or print): Robert A Adams  Date: 10/17/2012 Title: Owner					
Processed 10/17/2012      * Electronically provided signatures are accepted as original signatures.							