

No. <b>W 51070</b>		<b>Due no later than May 31, 2013</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  SPOKANE OMS, P.L.L.C. RANDALL & DANSKIN 601 W RIVERSIDE STE 1500 SPOKANE WA 99201		KEITH BROWN 5112 E TWILA COURT 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	MARK C PAXTON DDS	12109 E BROADWAY AVE BLDG	SPOKANE VALLEY	WA	USA	99206	
MEMBER	BRYAN W. MCLELLAND	12109 E. BROADWAY BLDG C	SPOKANE	WA	USA	99206	
MEMBER	MELANIE S LANG	12109 E. BROADWAY BLDG C	SPOKANE	WA	USA	99206	
5. Organized Under the Laws of:  <b>WA W 51070</b>		6. Annual Report must be signed.* Signature: Dr. Mark C Paxton Name (type or print): Dr. Mark C Paxton  Date: 04/19/2013 Title: Doctor					
Processed 04/19/2013		* Electronically provided signatures are accepted as original signatures.					