No. W 81668 Return to:		Due no later than Feb 28, 2011 Annual Report Form		2	2. Registered Agent and Address (NO PO BOX) SANDRA Z SEYMOUR			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ARTISTIC DENTAL LLC SANDRA Z SEYMOUR 1227 FILER AVE E TWIN FALLS ID 83301			1227 FILER AVE E TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	SANDRA Z	SEYMOUR	1227 FILER AVE E		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sandra Seymour			Date: 02/28/2011			
W 81668		Name (type or print): Sandra Seymour			Title: Owner			
Processed 02/28/2011 * Electronically provided signatures are accepted as original signatures.								