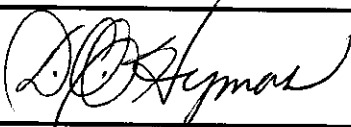


No. W 58261	Due no later than Jan 31, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DOUGLAS C HYMAS 1331 S FIVE MILE RD BOISE ID 83709
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. DOUGLAS C. HYMAS, DDS, PLLC DOUGLAS C HYMAS 1331 S FIVE MILE RD BOISE ID 83709 USA		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> DOUGLAS C. HyMAS 1331 So 5-Mile Rd/Boise/ID/USA/ 83709			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> IDAHO W 58261 </div> <div style="width: 40%;"> 6. Signature:  Name (type or print): DOUGLAS C. HYMAS </div> <div style="width: 30%;"> Date: 11/8/12 Title: MEMBER </div> </div>			
Issued 11/08/2012 by LJC 110689			