

No. <b>W 74995</b>		<b>Due no later than Jun 30, 2011</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>		CLINT TAVENNER 1000 RIVERWALK DR #100 IDAHO FALLS ID 83402			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		LOWDER ORTHODONTICS, LLC PHILLIP LOWER PO BOX 246 RIGBY ID 83442					
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	PHILLIP D LOWDER	PO BOX 246	RIGBY	ID	USA	83442	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 74995</b>		Signature: Phillip Lowder			Date: 05/25/2011		
		Name (type or print): Phillip Lowder			Title: Member Manager		
Processed 05/25/2011		* Electronically provided signatures are accepted as original signatures.					