No. <b>W 79756</b>		and the second s		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		CAMERON PHILLIPS ATTORNEY				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MARSTON T. WESTBROOK, DDS, PLLC  MARSTON T WESTBROOK  980 WEST IRONWOOD DR STE 301  COEUR D'ALENE ID 83814		924 SHERMAN AVE COEUR D'ALENE ID 83814  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Companie	es: Enter Nar	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER J	JULIE M WE	ESTBROOK	1622 GROUSE MEADOW DRIVE	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 79756		Signature: Julie Westbrook		Date: 01/10/2012				
		Name (type or print): Julie Westbrook		Title: Member				
Processed 01/10/2012	sed 01/10/2012 * Electronically provided signatures are accepted as original signatures.							

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