

No. W 64782		Due no later than Jul 31, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		BO GORDYN CROFOOT 3 EAST CENTER ST SUGAR CITY ID 83448			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		CORNER STONE FAMILY DENTAL, LLC BO CROFOOT PO BOX 307 SUGAR CITY ID 83448					
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	BO GORDYN CROFOOT	306 S CUTLER AVE	SUGAR CITY	ID	USA	83448	
MANAGER	JODIE LYNN CROFOOT	306 S CUTLER AVE	SUGAR CITY	ID	USA	83448	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 64782		Signature: Bo Crofoot			Date: 05/15/2012		
		Name (type or print): Bo Crofoot			Title: Manager		
Processed 05/15/2012		* Electronically provided signatures are accepted as original signatures.					