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|--|---------------------|---|-------|--|---------|------------------|--|
| No. W 69349 | | Due no later than Dec 31, 2010 | | 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 1. Mailing Address: Correct in this box if needed. CASTLEBURY DENTAL, LLC S&S LEGAL DOCUMENTS, LLC 3006 E. GOLDSTONE DR. STE. 101 MERIDIAN ID 83642 | | S&S LEGAL DOCUMENTS LLC 3006 E GOLDSTONE DR STE 101 MERIDIAN ID 83642 USA | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 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 | JACOB MICHAEL BROWN | 3209 W. BAVARIA ST. | EAGLE | ID | USA | 83616 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 69349 | | Signature: Jacob Brown | | | | Date: 12/21/2010 | |
| | | Name (type or print): Jacob Brown | | | | Title: Manager | |
| Processed 12/21/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | |