

No. J 1503		Due no later than Sep 30, 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 1. Mailing Address: Correct in this box if needed. APEX DENTAL, LLP GARY V DIXON 1218 FILER AVE EAST TWIN FALLS ID 83301		GARY V DIXON 1218 FILER AVE EAST TWIN FALLS ID 83301			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	GARY V DIXON, DDS	1218 FILER AVE EAST	TWIN FALLS	ID	USA	83301	
PARTNER	ERIC L THOMAS, DDS	1218 FILER AVE EAST	TWIN FALLS	ID	USA	83301	
PARTNER	STEPHEN F DIXON	1218 FILER AVE. EAST	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID J 1503		6. Annual Report must be signed.* Signature: Gary V Dixon Name (type or print): Gary V Dixon Date: 09/27/2012 Title: Co-Owner					
Processed 09/27/2012		* Electronically provided signatures are accepted as original signatures.					