No. C 139289		Due no later than Jun 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	WESTWI ROBERT 143 1/2 E	Annual Report Form 1. Mailing Address: Correct in this box if needed. WESTWIND DENTAL P.A. ROBERT ELLIS 143 1/2 E MAIN RIGBY ID 83442 USA		ROBERT ELLIS 143 1/2 E MAIN RIGBY ID 83442 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Corporations: Enter Names ar	nd Business Addresse	es of President, Secretary, and Directors. Treas	surer (optional).				
Office Held Name	e	Street or PO Address	City	State	Country	Postal Code	
	ELLIS ERT L ELLIS	143 1/2 E MAIN 143 1/2 E MAIN	RIGBY RIGBY	ID ID	USA USA	83442 83442	
5. Organized Under the Laws of	Signature	6. Annual Report must be signed.* Signature: Robert Ellis Date: 04/16/2012					
C 139289	Name (ty	Name (type or print): Robert Ellis Title: Owner					
Processed 04/16/2012	* Electronica	* Electronically provided signatures are accepted as original signatures.					