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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------|---------------------|
| No. <b>W 97180</b>                                                                                                                                     |                 | <b>Due no later than Oct 31, 2011</b>                                                                                                                                                                        |               | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>DUSTIN L. GATTEN, DDS, MSD, PLLC<br>DUSTIN L GATTEN<br>3697 W LOXTON LOOP<br>COEUR D'ALENE ID 83815<br>USA |               | DUSTIN L GATTEN<br>3697 W LOXTON LOOP<br>COEUR D'ALENE ID 83815 |                     |
|                                                                                                                                                        |                 |                                                                                                                                                                                                              |               | 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                                                                                                                                                | DUSTIN L GATTEN | 3697 W LOXTON LOOP                                                                                                                                                                                           | COEUR D'ALENE | ID                                                              | USA 83815           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 97180</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Dustin L Gatten<br>Name (type or print): Dustin L Gatten<br>Date: 08/29/2011<br>Title: Owner/Manager                                                         |               |                                                                 |                     |
| Processed 08/29/2011                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                                    |               |                                                                 |                     |