

No. W 108307		Due no later than Nov 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. DENTIST-911, PLLC SHAUN CHRISTENSEN 155 S MIDLAND BLVD NAMPA ID 83686		SHAUN CHRISTENSEN DMD PC 155 S MIDLAND BLVD NAMPA ID 83686			
				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	SHAUN CHRISTENSEN	155 S. MIDLAND BLVD	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 108307		Signature: Shaun Christensen			Date: 09/12/2012		
		Name (type or print): Shaun Christensen			Title: Owner / Dentist		
Processed 09/12/2012		* Electronically provided signatures are accepted as original signatures.					