

No. <b>W 80795</b>	<b>Due no later than Jan 31, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> BLUESKY DENTAL, LLC KEVIN C. HENRY 2500 A STREET SUITE 204 MOSCOW ID 83843 USA		KEVIN C HENRY DDS 2500 A STREET SUITE 294 MOSCOW ID 83843			
			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
MEMBER	KEVIN C HENRY	2500 A STREET SUITE 204	MOSCOW	ID	USA	83843
5. Organized Under the Laws of:  <b>ID W 80795</b>	6. Annual Report must be signed.* Signature: Kevin C. Henry Name (type or print): Kevin C. Henry		Date: 01/12/2011 Title: Owner / DDS			
Processed 01/12/2011		* Electronically provided signatures are accepted as original signatures.				