

No. W 67654		Due no later than Oct 31, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. DENTURE SERVICE LLC AARON K. DICKINSON 330 5TH ST LEWISTON ID 83501		AARON DICKINSON 330 5TH ST LEWISTON ID 83501			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name AARON DICKINSON	Street or PO Address 330 5TH ST		City LEWISTON	State ID	Country USA	Postal Code 83501
5. Organized Under the Laws of: ID W 67654		6. Annual Report must be signed.* Signature: Aaron K. Dickinson Name (type or print): Aaron K. Dickinson Date: 08/10/2011 Title: Owner					
Processed 08/10/2011 * Electronically provided signatures are accepted as original signatures.							