No. **W 31687**	**Due no later than Jul 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** MADISON PARK DENTAL CENTER, PLLC ROBERT L WALKER 35 MADISON PROFESSIONAL PK REXBURG ID 83440	ROBERT L WALKER 35 MADISON PROFESSIONAL PK REXBURG ID 83440 3. New 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	ROBERT L WALKER	35 MADISON PROFESSIONAL PK	REXBURG	ID	USA	83440
MEMBER	JAMES CANNON ALLEN DDS PC	35 MADISON PROFESSIONAL PK	REXBURG	ID	USA	83440

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 31687**	Signature: Susette Brizzee	Date: 05/24/2011
	Name (type or print): Susette Brizzee	Title: Office Manager

Processed 05/24/2011

* Electronically provided signatures are accepted as original signatures.