No. W 30987		Due no later than Jun 30, 2012		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		EDWARD (EDWARD C WAGNER DMD			
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. CTEA, LLC 2031 E HOSPITALITY LN STE 100 BOISE ID 83716		2031 E HOSPITALITY LN #100 BOISE ID 83716 3. New Registered Agent Signature:*				
								4. Limited Liability Companies: Enter Nar
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER		DSKELLEY DDS WAGNER DMD	2031 EAST HOSPITALITY LN 100 2031 E HOSPITALITY LANE #100	BOISE BOISE	ID ID	USA USA	83716 83716	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 30987		Signature: Michelle Ryan		Date: 04/17/2012				
		Name (type or print): Michelle Ryan		Title: Office Manager				
Processed 04/17/2012		* Electronically provi	ded signatures are accepted as original si	ignatures.				