

No. W 52679	Due no later than Jul 31, 2012 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. ELISON ORTHODONTICS, PLLC JOSEPH H. ELISON 3357 MERLIN DR IDAHO FALLS ID 83404 USA		JOSEPH ELISON 3357 MERLIN DR IDAHO FALLS ID 83404			
			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	JOSEPH ELISON	3357 MERLIN DR	IDAHO FALLS	ID	USA	83404
MANAGER	J. MATTHEW ELISON	3357 MERLIN DR.	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID W 52679	6. Annual Report must be signed.* Signature: Joseph Elison Name (type or print): Joseph Elison		Date: 05/10/2012 Title: Managing Member			
Processed 05/10/2012		* Electronically provided signatures are accepted as original signatures.				