

No. <b>W 5186</b>		<b>Due no later than Dec 31, 2012</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  WILLOW TREE DENTAL GROUP, PLLC WILLIAM RITTER 317 W CHERRY LN MERIDIAN ID 83642		WILLIAM T RITTER DDS 317 W CHERRY LN MERIDIAN ID 83642			
				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	WILLIAM T RITTER DDS	317 W CHERRY LN	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 5186</b>		Signature: William T Ritter Dds				Date: 10/15/2012	
		Name (type or print): William T Ritter Dds				Title: Member	
Processed 10/15/2012		* Electronically provided signatures are accepted as original signatures.					