No. W 113417		Due no later than Apr 30, 2013		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		245 6 4711 6	MICAH HIMMERICH			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HIMMERICH DENTAL LLC MICAH HIMMERICH PO BOX 104 COKEVILLE WY 83114		MONTPELIEF	215 S 4TH ST MONTPELIER ID 83254 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		COREVILLE WY	83114	3. <u>New</u> Registe	3. I <u>vew</u> Registered Agent Signature.			
4. Limited Liability Companie	s: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MICAH D HI		IMMERICH	PO BOX 104	COKEVILLE	WY	USA	83114	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
WY		Signature: Mica		Date: 04/11/2013				
W 113417		Name (type or		Title: Owner				
Processed 04/11/2013 * Electronically provided signatures are accepted as original signatures.								