

No. <b>W 56871</b>		<b>Due no later than Dec 31, 2011</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>1. Mailing Address: Correct in this box if needed.</b>  EASTERN IDAHO ENDODONTICS PLLC BART D MORRISON DDS MS PO BOX 51330 IDAHO FALLS ID 83405-1330		LISA NOLAN 1000 RIVER WALK STE 100 IDAHO FALLS ID 83402			
				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	MORRISON ENDODONTICS PC	3335 S HOLMES AVE	IDAHO FALLS	ID	USA	83404	
MEMBER	SUTTON ENDODONTICS PC	3335 S HOLMES AVE	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 56871</b>		Signature: Clint Tavenner				Date: 11/17/2011	
		Name (type or print): Clint Tavenner				Title: Cpa	
Processed 11/17/2011		* Electronically provided signatures are accepted as original signatures.					