No. W 40662		Due no later than Jun 30, 2011		2. F	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			TIMOTHY L GATTEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		TIMOTHY L. G. TIMOTHY L G PO BOX 3467	ddress: Correct in this box if needed. ATTEN, D.D.S., M.S.D., P.L.L.C. GATTEN ID 83877-3467	F	602 N CALGARY ST STE 301 POST FALLS ID 83854 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held	Name		Street or PO Address	Ci	ty	State	Country	Postal Code
MANAGER	TIMOTHY L	GATTEN	602 N. CALGARY SUITE 301	PC	OST FALLS	ID	USA	83854
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Tyler Morton			Date: 04/20/2011			
W 40662		Name (type or print): Tyler Morton			Title: Practice Manager			
Processed 04/20/2011 * Electronically provided signatures are accepted as original signatures.								