

No. W 96711		Due no later than Sep 30, 2013 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		1. Mailing Address: Correct in this box if needed. AFFINITY DENTAL, PLLC MICHAELINA MURPHY 847 E FAIRVIEW AVE MERIDIAN ID 83642		MURPHY LAW OFFICE PLLC 847 E FAIRVIEW AVE MERIDIAN ID 83642			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name HELEN HARLESS	Street or PO Address 471 CROSSTIMBERS		City DOUBLE OAK	State TX	Country USA	Postal Code 85077
5. Organized Under the Laws of: ID W 96711		6. Annual Report must be signed.* Signature: Michaelina Murphy Name (type or print): Michaelina Murphy Date: 09/04/2013 Title: Registered Agent					
Processed 09/04/2013 * Electronically provided signatures are accepted as original signatures.							