

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 NO FILING FEE IF RECEIVED BY DUE DATE		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			
				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	
MANAGER	HELEN HARLESS	471 CROSSTIMBERS	DOUBLE OAK	TX	USA	85077	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 96711		Signature: Michaelina Murphy				Date: 09/04/2013	
		Name (type or print): Michaelina Murphy				Title: Registered Agent	
Processed 09/04/2013		* Electronically provided signatures are accepted as original signatures.					