

No. W 64770	Due no later than Jul 31, 2012 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. ORTHODONTIC SPECIALISTS OF MAGIC VALLEY, LLC 1096 NORTH EASTLAND DRIVE SUITE 200 TWIN FALLS ID 83301		JEFFREY GEIST 318 FALLS AVE TWIN FALLS ID 83301			
			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	JEFFREY GEIST	3210 HIGHLAWN DR	TWIN FALLS	ID	USA	83301
MEMBER	SHANE SCHVANEVELDT	2111 CANDLEWOOD	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 64770	6. Annual Report must be signed.* Signature: Nicole Wilson Name (type or print): Nicole Wilson		Date: 05/10/2012 Title: Bookkeeper			
Processed 05/10/2012		* Electronically provided signatures are accepted as original signatures.				