No. **W 49877**	**Due no later than Apr 30, 2012**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** JACK D. KLURE DDS, PLLC JACK D KLURE 3752 W MAGIC SPRUCE DR MERIDIAN ID 83646	JACK D KLURE 3752 W MAGIC SPRUCE DR MERIDIAN ID 83646 3. New 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	JACK D KLURE	3752 W MAGIC SPRUCE DR	MERIDIAN	ID	USA	83646

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 49877**	Signature: Jack D Klure	Date: 02/15/2012
	Name (type or print): Jack D Klure	Title: Member

Processed 02/15/2012

* Electronically provided signatures are accepted as original signatures.