

No. W 58328		Due no later than Jan 31, 2010		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. BRIAN TINGEY, DDS, LLC BRIAN TINGEY 568 FALLS AVE TWIN FALLS ID 83301 USA		BRIAN J TINGEY 568 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	BRIAN J TINGEY	568 FALLS AVE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 58328		Signature: Brian Tingey				Date: 11/14/2009	
		Name (type or print): Brian Tingey				Title: Dentist	
Processed 11/14/2009		* Electronically provided signatures are accepted as original signatures.					