

No. <b>W 58328</b>		<b>Due no later than Jan 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  BRIAN TINGEY, DDS, LLC BRIAN TINGEY 568 FALLS AVE TWIN FALLS ID 83301 USA		BRIAN J TINGEY 568 FALLS AVE TWIN FALLS ID 83301			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name BRIAN J TINGEY	Street or PO Address 568 FALLS AVE		City TWIN FALLS	State ID	Country USA	Postal Code 83301
5. Organized Under the Laws of:  <b>ID</b> <b>W 58328</b>		6. Annual Report must be signed.*  Signature: Brian Tingey Name (type or print): Brian Tingey  Date: 11/14/2009 Title: Dentist					
Processed 11/14/2009 * Electronically provided signatures are accepted as original signatures.							