No. W 46109		Due no later than Jan 31, 2011		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. DEAN H. PIERCE, DDS, PLLC COLLEEN E. JONES 480 N LATAH BOISE ID 83705			DEAN H PIERCE 480 N LATAH BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		nes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	ANAGER DEAN H PIERCE		480 N LATAH		BOISE	ID	USA	83705
5. Organized Under the Laws of: ID W 46109		6. Annual Report must be signed.* Signature: Colleen Jones Name (type or print): Colleen Jones			Date: 01/19/2011 Title: Bookkeeper			
Processed 01/19/2011 * Electronically provided signatures are accepted as original signatures.								