No. **W 62939**	**Due no later than May 31, 2013** **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.** SALMON DENTAL CENTER PLLC MARK S OLIVERSON 106 S DAISY SALMON ID 83467 USA	MARK OLIVERSON DMD 106 S DAISY SALMON ID 83467 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	MARK OLIVERSON DMD	106 S DAISY	SALMON	ID	USA	83467

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 62939**	Signature: Mark Oliverson	Date: 03/19/2013
	Name (type or print): Mark Oliverson	Title: Dmd

Processed 03/19/2013

* Electronically provided signatures are accepted as original signatures.