No. **W 75607**	**Due no later than Jun 30, 2011** **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.** STEPHEN W. HOLM, DMD, PLLC STEPHEN W HOLM 3326 4TH ST STE 2 LEWISTON ID 83501 USA	STEPHEN W HOLM 3326 4TH ST STE 2 LEWISTON ID 83501 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	STEPHEN W HOLM	3326 4TH ST STE 2	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 75607**	Signature: Stephen W Holm	Date: 07/12/2011
	Name (type or print): Stephen W Holm	Title: Dmd

Processed 07/12/2011

* Electronically provided signatures are accepted as original signatures.