No. W 18820		Du	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Due no later than Apr 30, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. FOOTHILLS DENTAL CARE PLLC JARED D SLOAN 2205 CHANNING WAY STE A IDAHO FALLS ID 83404 USA		GREGORY C 2105 CORON IDAHO FALLS	GREGORY C CALDER 2105 CORONADO ST IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE		05/1						
4. Limited Liability Comp	oanies: Enter Nai	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER			2205 CHANNING WAY 2205 CHANNING WAY	IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83404 83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 18820		Signature: Jared Sloan Name (type or print): Jared Sloan			Date: 03/09/2011 Title: General Manager			
Processed 03/09/2011 * Electronically provided signatures are accepted as original signatures.								