

No. <b>W 70470</b>	<b>Due no later than Jan 31, 2013</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  TWO SISTERS DENTAL STUDIO, LLC ESTHER R MERRILL 4347 N 2300 E FILER ID 83328 USA	ESTHER MERRILL 4347 N 2300 E FILER ID 83328  3. <u>New</u> 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	JANE M MERRILL	4347 N 2300 E	FILER	ID	USA	83328
MEMBER	PATRICK R MERRILL	4347 N 2300 E	FILER	ID	USA	83328
MEMBER	ESTHER R MERRILL	4347 N 2300 E	FILER	ID	USA	83328
5. Organized Under the Laws of:  <b>ID W 70470</b>	6. Annual Report must be signed.* Signature: Esther R. Merrill Name (type or print): Esther R. Merrill		Date: 02/10/2013 Title: Managing Member			
Processed 02/10/2013		* Electronically provided signatures are accepted as original signatures.				