No. **W 21385**	**Due no later than Nov 30, 2010** **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.** NATURAL SMILE DENTAL, PLLC BRANDON L TAYLOR DMD 10706 W STATE ST STAR ID 83669	J KEVIN WEST 720 W IDAHO STE 700 BOISE ID 83701 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	BRANDON L TAYLOR DMD	10706 W STATE ST	STAR	ID	USA	83669
MEMBER	SCOTT E HAYHURST DMD	10706 W STATE ST	STAR	ID	USA	83669

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 21385**	Signature: Scott E Hayhurst	Date: 12/28/2010
	Name (type or print): Scott E Hayhurst	Title: Officer

Processed 12/28/2010

* Electronically provided signatures are accepted as original signatures.