No. W 31687	Due no later than Jul 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		ROBERT L WALKER 35 MADISON PROFESSIONAL PK REXBURG ID 83440			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. MADISON PARK DENTAL CENTER, PLLC ROBERT L WALKER 35 MADISON PROFESSIONAL PK REXBURG ID 83440					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA					
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
MANAGER ROBERT L WALKER		35 MADISON PROFESSIONAL PK	REXBURG	ID	USA	83440
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: Robert L. Walker		Date: 05/15/2013			
W 31687	Name (type or print): Robert L. Walker		Title: President			
Processed 05/15/2013	* Electronically provided signatures are accepted as original signatures.					