

No. W 5309		Due no later than Jan 31, 2014		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		Annual Report Form		VINCE L WILLIAMS DMD 590 FALLS AVE TWIN FALLS ID 83301			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		MAGIC VALLEY ORAL SURGERY, P.L.L.C. VINCENT L WILLIAMS DMD 590 FALLS AVE TWIN FALLS ID 83301					
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	VINCE L WILLIAMS DMD	590 FALLS AVE	TWIN FALLS	ID	USA	83301	
MEMBER	FAY A WILLIAMS	1932 CANDLERIDGE DR.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 5309		Signature: Vincent L. Williams			Date: 12/02/2013		
		Name (type or print): Vincent L. Williams			Title: President		
Processed 12/02/2013		* Electronically provided signatures are accepted as original signatures.					