No. **W 31590**	**Due no later than Jun 30, 2012**	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** **1. Mailing Address: Correct in this box if needed.** GENTLE DENTAL CARE, PLLC THOMAS D DEPPE 1601 12TH AVE RD #103 NAMPA ID 83686 USA	THOMAS D DEPPE 1601 12TH AVE RD #103 NAMPA ID 83686 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
MANAGER	THOMAS D DEPPE	1601 12TH AVE RD #103	NAMPA	ID	USA	83686

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 31590**	Signature: Thomas D Deppe	Date: 05/31/2012
	Name (type or print): Thomas D Deppe	Title: Manager

Processed 05/31/2012

* Electronically provided signatures are accepted as original signatures.