No. W 32379		Due no later than Aug 31, 2012 Annual Report Form 1. Mailing Address: Correct in this box if needed. EAGLE ROCK DENTAL CARE OF IDAHO FALLS, PLLC ALAN R. COOPER 640 S WOODRUFF AVE		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				640 S WOODF	ALAN R COOPER 640 S WOODRUFF AVE IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE 4 Limited Liability Companies: Enter Nar		IDAHO FALLS ID 83401 mes and Addresses of at least one Member or Manager.		3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	nes una ridal esse	Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER	DOUGLAS S BARNARD ALAN R COOOPER		640 S WOODRUFF AVE 640 S WOODRUFF AVE	IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83401 83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jeffrey S. Barnard Date: 09/12/2012						
W 32379		Name (type or	Title: (Title: Group Administrator				
Processed 09/12/2012 * Electronically provided signatures are accepted as original signatures.								