

No. W 11812	Due no later than Apr 30, 2013 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. BEAR LAKE DENTAL CARE, PLLC MONTY B WESTON DDS 215 S 4TH PO BOX 326 MONTPELIER ID 83254		MONTY B WESTON 215 S 4TH MONTPELIER ID 83254			
			3. <u>New</u> 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	MICAH D HIMMERICH	215 SO 4TH PO BOX 326	MONTPELIER	ID	USA	83254
MEMBER	MONTY B WESTON	215 SO 4TH PO BOX 326	MONTPELIER	ID	USA	83254
5. Organized Under the Laws of: ID W 11812	6. Annual Report must be signed.* Signature: Cindy M. Cook Name (type or print): Cindy M. Cook		Date: 02/21/2013 Title: Office Manager			
Processed 02/21/2013		* Electronically provided signatures are accepted as original signatures.				