No. W 108509		Due no later than Nov 30, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JEFFREY BRYSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in t CHILDREN'S DENTISTRY OF IDAHO, JEFFREY C BRYSON 349 W IOWA AVE NAMPA ID 83686	NAMPA ID 83686				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	anies: Enter Nar	nes and Addresses of at least one Mem	ber or Manager.				
Office Held	Name	Street or PO	Address	City	State	Country	Postal Code
MEMBER LISA M BRY		SON 349 W IOWA	AVE	NAMPA	ID	USA	83686
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Jeffrey Bryson		Date: 09/18/2012			
W 108509		Name (type or print): Jeffrey Bryson		Title: Owner/Dentist			
Processed 09/18/2012 * Electronically provided signatures are accepted as original signatures.							