

No. <b>W 60778</b>		<b>Due no later than Mar 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  DOCTORS GARRARD AND WAYMENT, DENTISTS, PLLC. JOHN R GARRARD PO BOX 338 RUPERT ID 83350 USA		DR JOHN R GARRARD 301 SCOTT AVE RUPERT ID 83350			
				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	DR JOHN R GARRARD	508 RIVERSIDE DR	BURLEY	ID	USA	83318	
MEMBER	DR ROBBIE WAYMENT	265 N 125 W	RUPERT	ID	USA	83350	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 60778</b>		Signature: John R Garrard				Date: 01/11/2012	
		Name (type or print): John R Garrard				Title: Owner	
Processed 01/11/2012		* Electronically provided signatures are accepted as original signatures.					