No. **W 46109**	**Due no later than Jan 31, 2013**	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.** DEAN H. PIERCE, DDS, PLLC CAROLYN SCHALL 782 S. AMERICANA BLVD BOISE ID 83702	DEAN H PIERCE 782 S. AMERICANA BLVD BOISE ID 83702 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	DEAN H PIERCE	782 S. AMERICANA BLVD	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 46109**	Signature: Carolyn A Schall	Date: 12/04/2012
	Name (type or print): Carolyn A Schall	Title: Bookkeeper

Processed 12/04/2012

* Electronically provided signatures are accepted as original signatures.