

No. W 89095		Due no later than Dec 31, 2011 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		1. Mailing Address: Correct in this box if needed. DENTAL HEALTH CENTER, PLLC DOUG SMITH 56 PROFESSIONAL PLAZA REXBURG ID 83440		DOUG SMITH 56 PROFESSIONAL PLAZA REXBURG ID 83440			
NO FILING FEE IF RECEIVED BY DUE DATE				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	DOUG SMITH	56 PROFESSIONAL PLAZA	REXBURG	ID	USA	83440	
MEMBER	SCOTT WILKES	56 PROFESSIONAL PLAZA	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID W 89095		6. Annual Report must be signed.* Signature: Scott Wilkes Name (type or print): Scott Wilkes Date: 01/09/2012 Title: Member					
Processed 01/09/2012 * Electronically provided signatures are accepted as original signatures.							