

No. W 70568		Due no later than Jan 31, 2012		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		KYLE SIEMEN 333 W CEDAR POCATELLO ID 83201			
		1. Mailing Address: Correct in this box if needed. C K DENTAL LLC CASEY LEAVITT 333 W CEDAR POCATELLO ID 83201		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	KYLE SIEMEN	4653 MOUNTAIN PARK	POCATELLO	ID	USA	83202	
MEMBER	CASEY JON LEAVITT	2461 SATTERFIELD DR	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 70568		6. Annual Report must be signed.* Signature: Cjl Name (type or print): Cjl Date: 12/08/2011 Title: Partner					
Processed 12/08/2011		* Electronically provided signatures are accepted as original signatures.					