

No. <b>W 46109</b>		<b>Due no later than Jan 31, 2014</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>  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. <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	
MANAGER	DEAN H PIERCE	782 S. AMERICANA BLVD	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 46109</b>		Signature: Carolyn Schall				Date: 11/23/2013	
		Name (type or print): Carolyn Schall				Title: Bookkeeper	
Processed 11/23/2013		* Electronically provided signatures are accepted as original signatures.					