

No. W 96000	Due no later than Aug 31, 2012 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CALL FAMILY DENTISTRY LLC THOMAS F CALL 1352 E CENTER STE B POCATELLO ID 83201-4769		THOMAS F CALL 1352 E CENTER STE B 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	JAYNE B CALL	1352 E. CENTER ST.	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID W 96000		6. Annual Report must be signed.* Signature: Tiffany Wilson Name (type or print): Tiffany Wilson		Date: 07/16/2012 Title: Manager		
Processed 07/16/2012		* Electronically provided signatures are accepted as original signatures.				