

No. W 22004		Due no later than Dec 31, 2010		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. BEARABLE DENTISTRY, PLLC GERALD E WEITZ 1224 SADDLE RIDGE ROAD VIOLA ID 83872 USA		LUKINS & ANNIS 601 E FRONT AVE STE 502 COEUR D'ALENE ID 83814			
				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	GERALD E WEITZ DDS	1224 SADDLE RIDGE RD	VIOLA	ID	USA	83872	
MEMBER	DUSTIN A WEITZ DDS	1410 S MAIN	MOSCOW	ID	USA	83843	
MEMBER	BRYAN SCHIAVONI DDS	1410 S MAIN	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of: ID W 22004		6. Annual Report must be signed.* Signature: Gerald E. Weitz Name (type or print): Gerald E. Weitz					
		Date: 01/07/2011 Title: D. D. S.					
Processed 01/07/2011		* Electronically provided signatures are accepted as original signatures.					