

No. W 68374	Due no later than Nov 30, 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. HILLSIDE DENTISTRY, PLLC KRISTEN HAASE 900 N. LIBERTY ST. SUITE 304 BOISE ID 83704		ERIC L HAFF 1199 MAIN ST 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	JEFFREY B KESLING DDS	900 N. LIBERTY SUITE 304	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID W 68374	6. Annual Report must be signed.* Signature: Jeff Kesling Name (type or print): Jeff Kesling		Date: 10/26/2012 Title: Manager			
Processed 10/26/2012		* Electronically provided signatures are accepted as original signatures.				