| No. **W 81668** | **Due no later than Feb 28, 2013** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **Annual Report Form**<br>**1. Mailing Address: Correct in this box if needed.**<br>ARTISTIC DENTAL LLC<br>SANDRA Z SEYMOUR<br>1227 FILER AVE E<br>TWIN FALLS ID 83301 | SANDRA Z SEYMOUR<br>1227 FILER AVE E<br>TWIN FALLS ID 83301<br><br>3. New 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 | MIKE E GOODSON | 236 TYLER | TWIN FALLS | ID | USA | 83301 |
| MANAGER | SANDRA Z SEYMOUR | 1227 FILER AVE E | TWIN FALLS | ID | USA | 83301 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 81668** | Signature: Sandra Seymour | Date: 01/03/2013 |
| | Name (type or print): Sandra Seymour | Title: Owner |

Processed 01/03/2013

* Electronically provided signatures are accepted as original signatures.