

No. W 31590		Due no later than Jun 30, 2011		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		THOMAS D DEPPE 1601 12TH AVE RD #103 NAMPA ID 83686			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		GENTLE DENTAL CARE, PLLC THOMAS D DEPPE 1601 12TH AVE RD #103 NAMPA ID 83686 USA					
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	THOMAS D DEPPE	1601 12TH AVE RD #103	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 31590		Signature: Thomas D Deppe			Date: 04/19/2011		
		Name (type or print): Thomas D Deppe			Title: President		
Processed 04/19/2011		* Electronically provided signatures are accepted as original signatures.					