

No. W 113695		Due no later than May 31, 2013 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. IDAHO NATURAL DENTISTRY, P.L.L.C. CRAIG B SIMMONS 1250 W IRONWOOD DRIVE SUITE 216 COEUR D'ALENE ID 83814 UNITED STATES		KEITH D BROWN 5112 E TWILA CT POST FALLS ID 83854			
				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	CRAIG B SIMMONS	10103 EAST BIGELOW GULCH RD	SPOKANE	WA	USA	99217	
5. Organized Under the Laws of: ID W 113695		6. Annual Report must be signed.* Signature: Craig B. Simmons Name (type or print): Craig B. Simmons Date: 05/29/2013 Title: Manager/Owner					
Processed 05/29/2013		* Electronically provided signatures are accepted as original signatures.					