

No. <b>W 70139</b>		<b>Due no later than Jan 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  DR. KACI B. JENSEN, PLLC DR KACI B JENSEN 9755 W LEO DR BOISE ID 83709 USA		DR KACI B JENSEN 9755 W LEO DR BOISE ID 83709			
				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	DR KACI B JENSEN	9755 W LEO DR	BOISE	ID	USA	83709	
5. Organized Under the Laws of:  <b>ID W 70139</b>		6. Annual Report must be signed.* Signature: Kaci B. Jensen, DDS Name (type or print): Kaci B. Jensen, DDS Date: 11/05/2011 Title: Member					
Processed 11/05/2011		* Electronically provided signatures are accepted as original signatures.					