

No. W 89787		Due no later than Jan 31, 2013		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 1. Mailing Address: Correct in this box if needed. ALL SMILES DENTAL CARE, LLC RONALD C RICE 515 E 5TH STREET N BURLEY ID 83318		RONALD C RICE 515 E 5TH ST N BURLEY ID 83318			
				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	RONALD C RICE	515 EAST 5TH STREET NORTH	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 89787		Signature: Alysnn Rossouw				Date: 11/19/2012	
		Name (type or print): Alysnn Rossouw				Title: Office Manager	
Processed 11/19/2012		* Electronically provided signatures are accepted as original signatures.					