No. **W 90656**	**Due no later than Feb 28, 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** **1. Mailing Address: Correct in this box if needed.** DAYLEY FAMILY DENTAL, PLLC BLAKE I DAYLEY 1842 W MILAZZO ST MERIDIAN ID 83646 USA	BLAKE DAYLEY 1842 W MILAZZO ST MERIDIAN ID 83646 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
MANAGER	BRANDI S DAYLEY	1842 W MILAZZO ST	MERIDIAN	ID	USA	83646

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 90656**	Signature: Blake Dayley Name (type or print): Blake Dayley	Date: 12/18/2010 Title: Dentist

Processed 12/18/2010

* Electronically provided signatures are accepted as original signatures.