

No. <b>W 78341</b>		<b>Due no later than Oct 31, 2013</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>  CARE CREEK DENTAL LLC PAUL A. GAGNON 1169 CALL CREEK DR POCATELLO ID 83201 USA		PAUL A GAGNON 2717 CLEARWATER POCATELLO ID 83201			
				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	CAROLEE C GAGNON	2717 CLEARWATER 1169 CALL CREEK	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:  <b>ID W 78341</b>		6. Annual Report must be signed.* Signature: Carolee C. Gagnon Name (type or print): Carolee C. Gagnon Date: 09/12/2013 Title: Manager					
Processed 09/12/2013		* Electronically provided signatures are accepted as original signatures.					