

No. W 78341		Due no later than Oct 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		1. Mailing Address: Correct in this box if needed. CARE CREEK DENTAL LLC PAUL A. GAGNON 1169 CALL CREEK DR POCATELLO ID 83201 USA		PAUL A GAGNON 2717 CLEARWATER POCATELLO ID 83201			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name CAROLEE C GAGNON	Street or PO Address 2717 CLEARWATER 1169 CALL CREEK	City POCATELLO	State ID	Country USA	Postal Code 83201	
5. Organized Under the Laws of: ID W 78341		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.							