No. W 78094		Due no later than Oct 31, 2014			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. CANYON FALLS DENTAL, P.L.L.C. HEIDI LLOYD 143 E MAIN JEROME ID 83338 USA		143 E MAIN JEROME ID	DAVID M BOND 143 E MAIN JEROME ID 83338 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	JENNIFER BOND		143 EAST MAIN STREET	JEROME	ID	USA	83338	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 78094		Signature: Heidi Lloyd			Date: 08/19/2014			
		Name (type or print): Heidi Lloyd			Title: Bookkeeper			
Processed 08/19/2014 * Electronically provided signatures are accepted as original signatures.								