No. **W 81668**	**Due no later than Feb 28, 2015**	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.** ARTISTIC DENTAL LLC SANDRA Z SEYMOUR 1227 FILER AVE E TWIN FALLS ID 83301	SANDRA Z SEYMOUR 1227 FILER AVE E TWIN FALLS 83301 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
MEMBER	SANDRA Z SEYMOUR	1227 FILER AVE E	TWIN FALLS	ID	USA	83301
MEMBER	MIKE E GOODSON	236 TYLER	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 81668**	Signature: Sandra Z Seymour	Date: 02/17/2015
	Name (type or print): Sandra Z Seymour	Title: owner

Processed 02/17/2015

* Electronically provided signatures are accepted as original signatures.