

No. J 2279		Due no later than May 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. DENTAL EMERGENCY TRAINING, LIMITED LIABILITY PARTNERSHIP KARA BOLL 1032 E 1200 N SHELLEY ID 83274		KARA BOLL 1032 E 1200 N SHELLEY ID 83274			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	KARA BOLL	1032 E 1200 N	SHELLEY	ID	USA	83274	
PARTNER	BRANDI PICKERING-SMITH	1032 E 1200 N	SHELLEY	ID	USA	83274	
5. Organized Under the Laws of: ID J 2279		6. Annual Report must be signed.* Signature: Kara Boll Name (type or print): Kara Boll Date: 07/08/2014 Title: Partner					
Processed 07/08/2014		* Electronically provided signatures are accepted as original signatures.					