No. W 163514		Due no later than Mar 31, 2017	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	5 10 10 10 10 10 10 10 10 10 10 10 10 10	RICHARD BAILEY			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. ONSITE DENTAL FRANCHISING, LLC RICHARD E BAILEY, DMD 252 ITANI DR MOSCOW ID 83843 USA		2521 ITANI DRIVE MOSCOW ID 83843			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	RICHARD E						
	MOSCOW			3. New Registered Agent Signature:*			
NO FILING FEE IF	USA						
RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addres	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER RICHARD	E BAILEY	2521 ITANI DRIVE	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of: 6. Annual Report		ort must be signed.*					
ID	ID Signature: Sherry Bailey		Date: 01/24/2017				
W 163514	Name (type	e or print): Sherry Bailey	Titl	Title: Office Manager			
Processed 01/24/2017	* Electronically	* Electronically provided signatures are accepted as original signatures.					