

No. W 35678		Due no later than Jan 31, 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		N W (BILL) LARSEN 114 W 100 S GRACE ID 83241			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		LARSEN DENTAL, LLC NW BILL LARSEN 114 W 100 S / P O BOX 345 GRACE ID 83241 USA					
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	
MANAGER	N W (BILL) LARSEN	P O BOX 345	GRACE	ID	USA	83241	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 35678		Signature: Suzanne Hardy			Date: 11/19/2014		
		Name (type or print): Suzanne Hardy			Title: office manager		
Processed 11/19/2014		* Electronically provided signatures are accepted as original signatures.					