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|--|---------------------------|---|---------|---|---------|-------------|--|
| No. W 109741 | | Due no later than Jan 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. BUHL FAMILY DENTAL, LLC. 1020 MAIN ST BUHL ID 83316 | | DUSTIN NAVARRO 529 BROADWAY AVE S BUHL ID 83316 | | | |
| | | | | 3. <u>New</u> 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 | GOODING FAMILY DENTAL INC | 325 MAIN ST | GOODING | ID | USA | 83330 | |
| 5. Organized Under the Laws of: ID W 109741 | | 6. Annual Report must be signed.* Signature: Dustin Navarro Name (type or print): Dustin Navarro Date: 12/06/2013 Title: Registered Agent | | | | | |
| Processed 12/06/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |