

No. <b>W 75171</b>		<b>Due no later than Jun 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  BOISE FAMILY DENTAL CARE, PLLC KERRY MAINO 6363 W. EMERALD ST. SUITE 102 BOISE ID 83704 USA		STEVEN S CRUMP 2554 W BELLAGIO DR MERIDIAN ID 83646			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name STEVEN S CRUMP DMD	Street or PO Address 6363 W. EMERALD ST. SUITE 102		City BOISE	State ID	Country USA	Postal Code 83704
5. Organized Under the Laws of:  <b>ID</b> <b>W 75171</b>		6. Annual Report must be signed.*  Signature: Kerry Maino Name (type or print): Kerry Maino  Date: 04/30/2014 Title: Administrator					
Processed 04/30/2014      * Electronically provided signatures are accepted as original signatures.							