

No. W 89244	Due no later than Dec 31, 2015 Annual Report Form		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. HAYDEN FAMILY DENTAL CENTER, PLLC BENJAMIN D BABCOCK, DDS PO BOX 7 HAYDEN ID 83835-0007		BENJAMIN D BABCOCK 52 W COMMERCE DR HAYDEN ID 83835			
			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	BENJAMIN D BABCOCK, DDS	PO BOX 7	HAYDEN	ID	USA	83835-0007
5. Organized Under the Laws of: ID W 89244	6. Annual Report must be signed.* Signature: Benjamin Babcock Name (type or print): Benjamin Babcock		Date: 01/15/2016 Title: Dentist			
Processed 01/15/2016		* Electronically provided signatures are accepted as original signatures.				