No. W 109741		Due no later than Jan 31, 2015		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DUSTIN NAVARRO			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BUHL FAMILY DENTAL, LLC. TODD AMES 161 5TH AVE S, STE 200 TWIN FALLS ID 83301			529 BROADWAY AVE S BUHL 83316 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companie	es: Enter Nar	mes and Addresses of a	it least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER GOODING FAI		MILY DENTAL INC	325 MAIN ST		GOODING	ID	USA	83330
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: DUSTIN NAVARRO			Date: 11/24/2014			
W 109741		Name (type or print): DUSTIN NAVARRO			Title: OWNER			
Processed 11/24/2014 * Electronically provided signatures are accepted as original signatures.								