No. <b>W 5186</b> Return to:		Due no later than Dec 31, 2015 Annual Report Form			Registered Agent and Address (NO PO BOX)     WILLIAM T RITTER DDS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  WILLOW TREE DENTAL GROUP, PLLC  WILLIAM RITTER  317 W CHERRY LN  MERIDIAN ID 83642			317 W CHERRY LN MERIDIAN ID 83642  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Nai	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	Cit	ty	State	Country	Postal Code
MEMBER	WILLIAM T	RITTER DDS	317 W CHERRY LN	ME	ERIDIAN	ID	USA	83642
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: William T Ritter			Date: 12/16/2015			
W 5186		Name (type or print): William T Ritter			Title: Owner			
Processed 12/16/2015 * Electronically provided signatures are accepted as original signatures.								