| No. W 77404 | | Due no later than Sep 30, 2015 | | 2. Registered | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. AVONDALE DENTAL CENTER LLC 1683 E MILES AVE HAYDEN ID 83835 | | 1683 E MII HAYDEN I | KORY J WILSON DDS 1683 E MILES AVE HAYDEN ID 83835 3. New Registered Agent Signature:* | | | |
| | panies: Enter Na | mes and Addresses of at | least one Member or Manager. | Cib | Ctata | Country | Doctol Code | |
| MEMBER | Name KORY J WIL | SON | Street or PO Address 1683 E. MILES AVE | City HAYDEN LAK | State E ID | Country USA | Postal Code 83835 | |
| 5. Organized Under the Laws of: ID W 77404 | | 6. Annual Report must be signed.* Signature: Kory J Wilson Name (type or print): Kory J Wilson | | | Date: 07/20/2015 Title: owner | | | |
| Processed 07/20/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |