No. <b>W 154803</b>		Due	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			COLE ANDERSON 1000 N CURTIS RD STE 103 BOISE ID 83706  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  HORIZON DENTAL NORTH END LLC  HORIZON DENTAL  1000 N CURTIS RD STE 103		BOISE ID				
NO FILING FEE IF RECEIVED BY DUE DATE		BOISE ID 83	706	3. <u>New</u> Registi	ereu Agent Si	griature.		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held Na	me		Street or PO Address	City	State	Country	Postal Code	
MANAGER COLE W AN		IDERSON	1000 N. CURITS RD STE 103	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Cole Anderson			Date: 06/20/2016			
W 154803		Name (type or		Title: owner				
Processed 06/20/2016 * Electronically provided signatures are accepted as original signatures.								