No. W 127981		Due no later than Aug 31, 2014		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. MOUNTAIN RIVER DENTAL PLLC CURTIS CARPENTER 7726 LUPINE DR VICTOR ID 83455		20F ANDED	CURTIS CARPENTER 295 ANDERSON RD SHELLEY ID 83274 3. New Registered Agent Signature:*			
				SHELLEY ID				
NO FILING FEE IF RECEIVED BY DUE DATE		VICTOR ID	35 155	01 <u></u> 1.09.000				
4. Limited Liability Compar	nies: Enter N	ames and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	TRISTAN	TAYLOR	7726 LUPINE DR.	VICTOR	ID	USA	83455	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Cu		Date: 09/11/2014				
W 127981		Name (type o		Title: President				
Processed 09/11/2014 * Electronically provided signatures are accepted as original signatures.								