

|  |              |  |        |  |         |                  |  |
|--|--------------|--|--------|--|---------|------------------|--|
| No. <b>W 78094</b>   |              | <b>Due no later than Oct 31, 2015</b>  |        | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>Annual Report Form</b>  |        | DAVID M BOND<br>143 E MAIN<br>JEROME ID 83338      |         |                  |  |
|  |              | <b>1. Mailing Address: Correct in this box if needed.</b>                                |        | 3. <u>New</u> Registered Agent Signature:*         |         |                  |  |
|  |              | CANYON FALLS DENTAL, P.L.L.C.<br>BRITTANY PETERS<br>143 E MAIN<br>JEROME ID 83338<br>USA |        |  |         |                  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |              |  |        |  |         |                  |  |
| Office Held  | Name         | Street or PO Address   | City   | State  | Country | Postal Code      |  |
| MANAGER  | DAVID M BOND | 143 E MAIN   | JEROME | ID   | USA     | 83338            |  |
| 5. Organized Under the Laws of:  |              | 6. Annual Report must be signed.*  |        |  |         |                  |  |
| <b>ID<br/>W 78094</b>  |              | Signature: David M Bond  |        |  |         | Date: 08/18/2015 |  |
|  |              | Name (type or print): David M Bond   |        |  |         | Title: Manager   |  |
| Processed 08/18/2015   |              | * Electronically provided signatures are accepted as original signatures.                |        |  |         |                  |  |