

No. <b>W 38614</b>		Due no later than Apr 30, 2016 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> POST FALLS SPECIALTY DENTAL, L.L.C. TYLER MORTON 602 N. CALGARY CT. SUITE 301 POST FALLS ID 83854		KEITH D BROWN 602 N. CALGARY CT. SUITE 301 POST FALLS ID 83854	
				3. <u>New</u> Registered Agent Signature:*	
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
MEMBER	MARK C PAXTON DDS PS	12109 E BROADWAY AVE	SPOKANE	WA	99206-6133
MEMBER	ERIK CURTIS	1717 LINCOLN WAY	COEUR D'ALENE	ID	83814-6133
MEMBER	TIM GATTEN	602 N CALGARY CT. 301	POST FALLS	ID	USA 83854
MEMBER	BRYAN MCLELLAND	12109 E. BROADWAY BLDG C	SPOKANE	WA	USA 99206
MEMBER	MELANIE LANG	12109 E. BROADWAY BLDG C	SPOKANE	WA	USA 99206
MEMBER	THOMAS JAEGER	1717 LINCOLN WAY	COEUR D'ALENE	ID	USA 83814
MEMBER	BRAD BARLOW	602 N. CALGARY CT. 201	POST FALLS	ID	USA 83854
MEMBER	RYAN FACER	602 N CALGARY CT. 301	POST FALLS	ID	USA 83854
MEMBER	ANTHONY GIARDINO	602 N. CALGARY CT. SUITE 100	POST FALLS	ID	USA 83854
5. Organized Under the Laws of:  <b>ID W 38614</b>		6. Annual Report must be signed.* Signature: Tyler Morton Name (type or print): Tyler Morton Date: 03/30/2016 Title: Manager			
Processed 03/30/2016		* Electronically provided signatures are accepted as original signatures.			