

No. <b>W 127068</b>		<b>Due no later than Jul 31, 2015</b> <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>1. Mailing Address: Correct in this box if needed.</b>  DIAMONDBACK DENTAL LLC. ROB L ERICHSON 1236 N CUMBERLAND CIR BOISE ID 83704		ROBERT L ERICHSON 1236 N CUMBERLAND CIR BOISE ID 83704			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name ROB ERICHSON	Street or PO Address 1236 N. CUMBERLAND CIR.		City BOISE	State ID	Country USA	Postal Code 83704
5. Organized Under the Laws of:  <b>ID</b> <b>W 127068</b>		6. Annual Report must be signed.*  Signature: Rob Erichson Name (type or print): Rob Erichson  Date: 06/23/2015 Title: Owner					
Processed 06/23/2015 * Electronically provided signatures are accepted as original signatures.							