

No. W 129338	Due no later than Sep 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SUMMIT DENTAL CARE GROUP, PLLC PO BOX 1293 TWIN FALLS ID 83303		BRYCE R BARFUSS 285 CANYON CREST DR TWIN FALLS ID 83301			
			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	ERIK PERMANN	285 CANYON CREST DR	TWIN FALLS	ID	USA	83301
MEMBER	BRYCE R BARFUSS	285 CANYON CREST DR	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 129338	6. Annual Report must be signed.* Signature: Bryce Barfuss Name (type or print): Bryce Barfuss		Date: 07/25/2017 Title: Member			
Processed 07/25/2017		* Electronically provided signatures are accepted as original signatures.				