

No. W 132449		Due no later than Dec 31, 2015		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. IDAHO CENTER OF SEDATION DENTISTRY PLLC (THE) STEVEN CRUMP 6363 W EMERALD ST STE 103 BOISE ID 83704		STEVEN S CRUMP 6363 W EMERALD ST STE 103 BOISE ID 83704			
				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	
MANAGER	CHRISTIANNE CRUMP	6363 W EMERALD ST	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 132449		Signature: Kristal Varela				Date: 10/21/2015	
		Name (type or print): Kristal Varela				Title: Office Manager	
Processed 10/21/2015		* Electronically provided signatures are accepted as original signatures.					