No. W 32379		Due no later than Aug 31, 2015 Annual Report Form		2. Registered Age	2. Registered Agent and Address (NO PO BOX) ALAN R COOPER 640 S WOODRUFF AVE IDAHO FALLS ID 83401			
Return to:				000 0000 10000 000000 0000000				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. EAGLE ROCK DENTAL CARE OF IDAHO FALLS, PLLC ALAN R. COOPER 640 S WOODRUFF AVE IDAHO FALLS ID 83401						
				3. New Registered Agent Signature:*				
NO FILING FEE IF		IDANO FALLS ID 03-01		or <u>rect.</u> Register ed Agent orginatarer				
RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Nar	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER NICHOLAS J.		. TANNER	640 SOUTH WOODRUFF AVE	IDAHO FALLS	ID	USA	83401	
MANAGER DOUGLAS S			640 S WOODRUFF AVE	IDAHO FALLS	ID		83401	
MANAGER ALAN R CO		OOPER	640 S WOODRUFF AVE	IDAHO FALLS	ID		83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 32379		Signature: Jeff Barnard		Date: 06/23/2015				
		Name (type or print): Jeff Barnard		Title: Group Administrator				
Processed 06/23/2015 * Electronically provided signatures are accepted as original signatures.								