

No. <b>W 64782</b>		<b>Due no later than Jul 31, 2014</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  CORNER STONE FAMILY DENTAL, LLC BO CROFOOT PO BOX 307 SUGAR CITY ID 83448		BO GORDYN CROFOOT 3 EAST CENTER ST SUGAR CITY ID 83448			
				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	BO GORDYN CROFOOT	3 EAST CENTER ST	SUGAR CITY	ID	USA	83448	
MANAGER	JODIE LYNN CROFOOT	333 EAST 2ND NORTH	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 64782</b>		Signature: Bo				Date: 05/12/2014	
		Name (type or print): Bo				Title: Owner	
Processed 05/12/2014		* Electronically provided signatures are accepted as original signatures.					