

No. W 125116	Due no later than May 31, 2015 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.		JOHN D MCMURRAY 1180 N OLIVE AVE MERIDIAN 83642			
	LEGACY SMILES FAMILY DENTAL, LLC JOHN D MCMURRAY 1180 N OLIVE AVE MERIDIAN ID 83642		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	JOHN D MCMURRAY	13323 W. TAPATIO DR	BOISE	ID	USA	83713
5. Organized Under the Laws of: ID W 125116		6. Annual Report must be signed.* Signature: JENNIFER RETANA Name (type or print): JENNIFER RETANA		Date: 04/06/2015 Title: CPA		
Processed 04/06/2015		* Electronically provided signatures are accepted as original signatures.				