

No. W 19921		Due no later than Jul 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MOUNTAINS WEST DENTAL CLINIC, PLLC MONTE EPPICH PO BOX 572 COUNCIL ID 83612		MONTE EPPICH 502 N DARTMOUTH COUNCIL ID 83612	
				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	MONTE EPPICH	502 W DARTMOUTH	COUNCIL	ID	83612
5. Organized Under the Laws of: ID W 19921		6. Annual Report must be signed.* Signature: Monte R. Eppich Name (type or print): Monte R. Eppich Date: 06/07/2016 Title: Member			
Processed 06/07/2016		* Electronically provided signatures are accepted as original signatures.			