No. W 119553 Return to:		Due no later than Dec 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX) BENJAMIN R FRANZ				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SUN VALLEY DENTAL ARTS PLLC BENJAMIN R FRANZ PO BOX 2273 KETCHUM ID 83340			620 1ST AVE KETCHUM ID 83340 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	BENJAMIN R	FRANZ	PO BOX 2273		KETCHUM	ID	USA	83340
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Christy A McPherson Date: 10/16/2015						
W 119553		Name (type or print): Christy A McPherson Title: CPA						
Processed 10/16/2015 * Electronically provided signatures are accepted as original signatures.								