No. W 31711	Due no later than Jul 31, 2015	2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	BENJAMIN L GATES DDS
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	2165 N MERRITT CREEK LOOP COEUR D'ALENE ID 83815
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	GATES DENTAL BUILDING, L.L.C. BENJAMIN L GATES 2165 N MERRITT CREEK LOOP	COEUR D'ALENE ID 83815
	COEUR D ALENE ID 83814	3. <u>New</u> Registered Agent Signature:*
NO FILING FEE IF	USA	
RECEIVED BY DUE DATE		
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manager.	
Office Held Name	Street or PO Address	City State Country Postal Code
MEMBER BENJAMIN L	GATES 2870 RED CEDAR ST	COEUR D'ALENE ID 83815
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Cindy Agueros	Date: 05/18/2015
W 31711	Name (type or print): Cindy Agueros	Title: Office Manager
Processed 05/18/2015	* Electronically provided signatures are accepted as original signatures.	