

No. <b>W 64782</b>		<b>Due no later than Jul 31, 2015</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>		BO GORDYN CROFOOT 3 EAST CENTER ST SUGAR CITY ID 83448	
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*	
		CORNER STONE FAMILY DENTAL, LLC BO CROFOOT PO BOX 307 SUGAR CITY ID 83448			
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	83448
MANAGER	JODIE LYNN CROFOOT	333 EAST 2ND NORTH	REXBURG	ID	83440
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
<b>ID W 64782</b>		Signature: bo		Date: 05/28/2015	
		Name (type or print): bo		Title: dr	
Processed 05/28/2015		* Electronically provided signatures are accepted as original signatures.			