

No. <b>W 64782</b>		<b>Due no later than Jul 31, 2015</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  CORNER STONE FAMILY DENTAL, LLC BO CROFOOT PO BOX 307 SUGAR CITY ID 83448		BO GORDYN CROFOOT 3 EAST CENTER ST SUGAR CITY ID 83448			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
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:  <b>ID</b> <b>W 64782</b>		6. Annual Report must be signed.*  Signature: bo Name (type or print): bo					
		Date: 05/28/2015 Title: dr					
Processed 05/28/2015		* Electronically provided signatures are accepted as original signatures.					