No. W 106007		Due no later than Aug 31, 2013		2.	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. COUGARPOINT DENTAL ARTS LLC MONTY P SHORT 4575 HILLVIEW RD EMMETT ID 83617			MONTY P SHORT 4575 HILLVIEW RD EMMETT ID 83617			
				3.	3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Compar Office Held	nies: Enter Nai Name	mes and Addresses of at	least one Member or Manager. Street or PO Address		City	State	Country	Postal Code
MANAGER	MONTY P. SHORT		4575 HILLVIEW RD.		EMMETT	ID	USA	83617
5. Organized Under the Laws of: ID W 106007		6. Annual Report must be signed.* Signature: Monty P. Short Name (type or print): Monty P. Short			Date: 09/24/2013 Title: Owner			
Processed 09/24/2013 * Electronically provided signatures are accepted as original signatures.								