

No. W 965		Due no later than Mar 31, 2014		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. DENTAL CENTER, P.L.L.C. R TERRY HALL 2355 AMERICAN LEGION BLVD. MOUNTAIN HOME ID 83647		R TERRY HALL 2355 AMERICAN LEGION BLVD MOUNTAIN HOME ID 83647	
				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
MEMBER	R. TERRY HALL	470 EAST 18TH NORTH ST.	MOUNTAIN HOME	ID	USA 83647
MEMBER	K. TROY STEVENS	161 NE VICTOR GUST DR.	MOUNTAIN HOME	ID	USA 83647
5. Organized Under the Laws of: ID W 965		6. Annual Report must be signed.* Signature: R. Terry Hall Name (type or print): R. Terry Hall Date: 01/30/2014 Title: Member			
Processed 01/30/2014		* Electronically provided signatures are accepted as original signatures.			