

No. W 75171		Due no later than Jun 30, 2016		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. BOISE FAMILY DENTAL CARE, PLLC KERRY MAINO 6363 W. EMERALD ST. SUITE 102 BOISE ID 83704		STEVEN S CRUMP 2554 W BELLAGIO DR MERIDIAN ID 83646-8370	
				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	STEVEN S CRUMP DMD	6363 W. EMERALD ST. SUITE 102	BOISE	ID	USA 83704
5. Organized Under the Laws of: ID W 75171		6. Annual Report must be signed.* Signature: Kerry Maino Name (type or print): Kerry Maino Date: 06/28/2016 Title: Treatment Coordinator			
Processed 06/28/2016		* Electronically provided signatures are accepted as original signatures.			