No. <b>W 47926</b>		Due no later than Feb 28, 2015		2. Register	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  PETERSON FAMILY DENTISTRY PLLC G PETERSON 1859 SOUTH TOPAZ WAY SUITE 250			JOHN G PETERSON 4993 N RED HILLS AVENUE MERIDIAN 83646  3. New Registered Agent Signature:*			
				MERIDI/				
NO FILING FEE IF RECEIVED BY DUE DATE		MERIDIAN ID 83642 USA		3. <u>New</u> Re	gistered Agent 3	ignature.		
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 JOHN G PETERS		TERSON	4993 N RED HILLS AVENUE	MERIDIAN	N ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 47926		Signature: John Peterson			Date: 12/20/2014			
		Name (type or		Title: President				
Processed 12/20/2014 * Electronically provided signatures are accepted as original signatures.								