

No. W 69349		Due no later than Dec 31, 2015		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. CASTLEBURY DENTAL, LLC C/O S&S LEGAL DOCUMENTS LLC 3023 E COPPER POINT DR STE 106 MERIDIAN ID 83642		S&S LEGAL DOCUMENTS, LLC 3023 E COPPER POINT DR STE 106 MERIDIAN ID 83642	
				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	JACOB MICHAEL BROWN	2208 E SIDEWINDER DR	EAGLE	ID	83616
5. Organized Under the Laws of: ID W 69349		6. Annual Report must be signed.* Signature: Jacob Brown Name (type or print): Jacob Brown Date: 12/30/2015 Title: Manager			
Processed 12/30/2015		* Electronically provided signatures are accepted as original signatures.			