

No. W 19376		Due no later than May 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. GATES DENTISTRY, P.L.L.C. CINDY @ NORTH IDAHO DENTAL GROUP 2165 N MERRITT CREEK LP COEUR D ALENE ID 83814 USA		BENJAMIN L GATES 2165 N MERRITT CREEK LOOP COEUR D'ALENE ID 83814	
				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	BENJAMIN L GATES DDS	609 E SHERMAN AVE #402	COEUR D'ALENE	ID	USA 83814
5. Organized Under the Laws of: ID W 19376		6. Annual Report must be signed.* Signature: Cindy Agueros Name (type or print): Cindy Agueros Date: 03/26/2014 Title: Office Manager			
Processed 03/26/2014		* Electronically provided signatures are accepted as original signatures.			