No. <b>W 115145</b>		Due no later than Jun 30, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			STEVE PAUL GARN DDS 2200 PARK AVE STE 2 BURLEY ID 83318			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		ADULT AND CHILD DENTAL, PLLC STEVE PAUL GARN DDS 2200 PARK AVE STE 2 BURLEY ID 83318		BOKEET ID	BONELL ID 00010			
				3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA	USA					
4. Limited Liability Comp	anies: Enter Nar	nes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	STEVE PAUL	. Garn	2200 PARK AVE STE 2	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 115145		Signature: St		Date: 04/25/2016				
		Name (type o	al	Title: Owner				
Processed 04/25/2016 * Electronically provided signatures are accepted as original signatures.						-		