

No. W 19376		Due no later than May 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		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 83814			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name BENJAMIN L GATES DDS	Street or PO Address 609 E SHERMAN AVE #402		City COEUR D'ALENE	State ID	Country USA	Postal Code 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: 03/23/2015 Title: Bookkeeper					
Processed 03/23/2015 * Electronically provided signatures are accepted as original signatures.							