

No. W 147673		Due no later than Feb 29, 2016		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		1. Mailing Address: Correct in this box if needed. STUCKI DENTAL SERVICE LLC KYLE KUNDE 515 FITNESS PL STE 120 EAGLE ID 83616		KEITH STUCKI 524 E FUJII DR NAMPA ID 83686			
				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	KEITH STUCKI	524 E FUJII DR	NAMPA	ID	USA	83616	
5. Organized Under the Laws of: ID W 147673		6. Annual Report must be signed.* Signature: Kyle Kunde Name (type or print): Kyle Kunde					
Date: 01/20/2016 Title: Accountant							
Processed 01/20/2016		* Electronically provided signatures are accepted as original signatures.					