No. **W 138828**	**Due no later than Jun 30, 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** PEAK DENTAL LLC PEAK DENTAL 321 GRANGEVILLE TRUCK ROUTE GRANGEVILLE ID 83530	CALVIN HOGG 111 SOUTH MILL ST GRANGEVILLE ID 83530 3. New 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	TYLER HARRINGTON	321 GRANGEVILLE TRUCK RTE	GRANGEVILLE	ID	USA	83530

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 138828**	Signature: Tyler Harrington	Date: 05/21/2015
	Name (type or print): Tyler Harrington	Title: Manager

Processed 05/21/2015

* Electronically provided signatures are accepted as original signatures.