

No. W 70470		Due no later than Jan 31, 2015		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. TWO SISTERS DENTAL STUDIO, LLC ESTHER R MERRILL 4347 N 2300 E FILER ID 83328 USA		ESTHER MERRILL 4347 N 2300 E FILER 83328	
				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	JANE M MERRILL	4347 N 2300 E	FILER	ID	83328
MEMBER	PATRICK R MERRILL	4347 N 2300 E	FILER	ID	83328
MEMBER	ESTHER R MERRILL	4347 N 2300 E	FILER	ID	83328
5. Organized Under the Laws of: ID W 70470		6. Annual Report must be signed.* Signature: Esther R. Merrill Name (type or print): Esther R. Merrill Date: 12/26/2014 Title: Managing Member			
Processed 12/26/2014		* Electronically provided signatures are accepted as original signatures.			