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|--|------------------|---|--------|---|---------|------------------|--|
| No. W 127981 | | Due no later than Aug 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 | | CURTIS CARPENTER 295 ANDERSON RD SHELLEY ID 83274 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | MOUNTAIN RIVER DENTAL PLLC CURTIS CARPENTER 7726 LUPINE DR VICTOR ID 83455 | | | | | |
| 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 | CURTIS CARPENTER | 7726 LUPINE LN | VICTOR | ID | USA | 83455 | |
| MEMBER | TRISTAN TAYLOR | 7726 LUPINE LN | VICTOR | ID | USA | 83455 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 127981 | | Signature: CURTIS CARPENTER | | | | Date: 11/10/2015 | |
| | | Name (type or print): CURTIS CARPENTER | | | | Title: MEMBER | |
| Processed 11/10/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |