

No. W 115145	Due no later than Jun 30, 2014 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. ADULT AND CHILD DENTAL, PLLC STEVE PAUL GARN DDS 2200 PARK AVE STE 2 BURLEY ID 83318 USA		STEVE PAUL GARN DDS 2200 PARK AVE STE 2 BURLEY ID 83318				
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 MANAGER	Name STEVE PAUL GARN	Street or PO Address 2200 PARK AVE STE 2	City BURLEY	State ID	Country USA	Postal Code 83318	
5. Organized Under the Laws of: ID W 115145	6. Annual Report must be signed.* Signature: Steve Paul Garn Name (type or print): Steve Paul Garn						Date: 04/14/2014 Title: Owner
Processed 04/14/2014	* Electronically provided signatures are accepted as original signatures.						