

No. W 115145		Due no later than Jun 30, 2014		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. 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	
				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
MANAGER	STEVE PAUL GARN	2200 PARK AVE STE 2	BURLEY	ID	USA 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.			