

No. W 15691		Due no later than Jun 30, 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. ASPEN DENTAL, PLLC JUSTIN C SMITH 1105 3RD AVE N PAYETTE ID 83661 USA		JUSTIN CRAIG SMITH 1105 3RD AVE NORTH PAYETTE ID 83661	
				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	JUSTIN CRAIG SMITH	722 LILAC	FRUITLAND	ID	83619
5. Organized Under the Laws of: ID W 15691		6. Annual Report must be signed.* Signature: justin smith Name (type or print): justin smith Date: 05/04/2015 Title: owner			
Processed 05/04/2015		* Electronically provided signatures are accepted as original signatures.			