

No. W 90884		Due no later than Feb 29, 2016 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. DENTAL CARE WEST PLLC WADE PILLING 4795 N SUMMIT #120 MERIDIAN ID 83642		WADE PILLING 4795 N SUMMIT #120 MERIDIAN ID 83642			
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 WADE PILLING	Street or PO Address 4795 N. SUMMIT WAY SUITE 120		City MERIDIAN	State ID	Country USA	Postal Code 83646
5. Organized Under the Laws of: ID W 90884		6. Annual Report must be signed.* Signature: Wade Pilling Name (type or print): Wade Pilling Date: 01/04/2016 Title: owner					
Processed 01/04/2016 * Electronically provided signatures are accepted as original signatures.							