

No. W 90884		Due no later than Feb 29, 2016		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. DENTAL CARE WEST PLLC WADE PILLING 4795 N SUMMIT #120 MERIDIAN ID 83642		WADE PILLING 4795 N SUMMIT #120 MERIDIAN ID 83642	
				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	WADE PILLING	4795 N. SUMMIT WAY SUITE 120	MERIDIAN	ID	USA 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.			