

No. <b>W 70470</b>		<b>Due no later than Jan 31, 2014</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  TWO SISTERS DENTAL STUDIO, LLC ESTHER R MERRILL 4347 N 2300 E FILER ID 83328 USA		ESTHER MERRILL 4347 N 2300 E FILER ID 83328			
				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	JANE M MERRILL	4347 N 2300 E	FILER	ID	USA	83328	
MEMBER	PATRICK R MERRILL	4347 N 2300 E	FILER	ID	USA	83328	
MEMBER	ESTHER R MERRILL	4347 N 2300 E	FILER	ID	USA	83328	
5. Organized Under the Laws of:  <b>ID W 70470</b>		6. Annual Report must be signed.* Signature: Esther R. Merrill Name (type or print): Esther R. Merrill Date: 12/30/2013 Title: Managing Member					
Processed 12/30/2013		* Electronically provided signatures are accepted as original signatures.					