

No. W 2726		Due no later than Jul 31, 2014 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. ROCK CREEK DENTAL GROUP, P.L.L.C. JOHN C ROBERTS 256 MARTIN TWIN FALLS ID 83301		JOHN C ROBERTS 256 MARTIN TWIN FALLS ID 83301			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	JOHN C ROBERTS INC	256 MARTIN	TWIN FALLS	ID	USA	83301	
MEMBER	KEVIN W HALL INC	256 MARTIN	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 2726		6. Annual Report must be signed.* Signature: John Roberts Name (type or print): John Roberts					
		Date: 05/16/2014 Title: Member					
Processed 05/16/2014		* Electronically provided signatures are accepted as original signatures.					