

No. W 2726		Due no later than Jul 31, 2014		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		JOHN C ROBERTS 256 MARTIN TWIN FALLS ID 83301			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		ROCK CREEK DENTAL GROUP, P.L.L.C. JOHN C ROBERTS 256 MARTIN TWIN FALLS ID 83301					
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:		6. Annual Report must be signed.*					
ID W 2726		Signature: John Roberts			Date: 05/16/2014		
		Name (type or print): John Roberts			Title: Member		
Processed 05/16/2014		* Electronically provided signatures are accepted as original signatures.					