

No. W 43817	Due no later than Oct 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SUN VALLEY DENTAL GROUP, PLLC BRIAN GALBRAITH PO BOX 3360 KETCHUM ID 83340 USA		BRIAN GALBRATH 181 FIRST AVE N KETCHUM 83340			
			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	BRIAN C GALBRAITH	181 FIRST AVE NORTH	KETCHUM	ID		83340
5. Organized Under the Laws of: ID W 43817		6. Annual Report must be signed.* Signature: Brian Galbraith Name (type or print): Brian Galbraith		Date: 11/11/2014 Title: Member		
Processed 11/11/2014		* Electronically provided signatures are accepted as original signatures.				