No. **W 31711**	**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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** GATES DENTAL BUILDING, L.L.C. BENJAMIN L GATES 2165 N MERRITT CREEK LOOP COEUR D ALENE ID 83814 USA	BENJAMIN L GATES DDS 2165 N MERRITT CREEK LOOP COEUR D'ALENE ID 83815 3. New 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	BENJAMIN L GATES	609 E SHERMAN #402	COEUR D'ALENE	ID	USA	83814

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 31711**	Signature: Cindy Agueros Name (type or print): Cindy Agueros	Date: 05/13/2014 Title: Office Manager

Processed 05/13/2014

* Electronically provided signatures are accepted as original signatures.