No. **W 70470**	**Due no later than Jan 31, 2016**	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** **1. Mailing Address: Correct in this box if needed.** TWO SISTERS DENTAL STUDIO, LLC ESTHER R MERRILL 4347 N 2300 E FILER ID 83328	ESTHER MERRILL 4347 N 2300 E FILER ID 83328 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	JANE M MERRILL	4347 N 2300 E	FILER	ID		83328
MEMBER	PATRICK R MERRILL	4347 N 2300 E	FILER	ID		83328
MEMBER	ESTHER R MERRILL	4347 N 2300 E	FILER	ID		83328

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 70470**	Signature: Esther R Merrill	Date: 01/10/2016
	Name (type or print): Esther R Merrill	Title: Managing Member

Processed 01/10/2016

* Electronically provided signatures are accepted as original signatures.