

No. W 18160		Due no later than Feb 29, 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. FAMILY DENTAL CARE PLLC JOHN L VOGL 925 W AIRBASE RD MOUNTAIN HOME ID 83647		JOHN L VOGL 925 W AIRBASE RD MOUNTAIN HOME ID 83647	
				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 L VOGL	855 AIRBASE RD	MOUNTAIN HOME	ID	83647
5. Organized Under the Laws of: ID W 18160		6. Annual Report must be signed.* Signature: John L Vogl Name (type or print): John L Vogl Date: 01/12/2016 Title: Owner			
Processed 01/12/2016		* Electronically provided signatures are accepted as original signatures.			