

No. W 55431		Due no later than Oct 31, 2013 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		1. Mailing Address: Correct in this box if needed. ELITE DENTAL CARE, PLLC JEFF YBARGUEN 3399 MERLIN DRIVE IDAHO FALLS ID 83404 USA		J JEFFREY YBARGUEN 3399 MERLIN DRIVE IDAHO FALLS ID 83404			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name J JEFFREY YBARGUEN	Street or PO Address 3551 DAIRY LN		City IDAHO FALLS	State ID	Country USA	Postal Code 83404
5. Organized Under the Laws of: ID W 55431		6. Annual Report must be signed.* Signature: Jeff Ybarguen Name (type or print): Jeff Ybarguen Date: 08/14/2013 Title: Owner					
Processed 08/14/2013 * Electronically provided signatures are accepted as original signatures.							