No. W 141846		Due no later than Sep 30, 2016	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. PAYNE FAMILY DENTAL LLC PAYNE FAMILY DENTAL LLC 3592 S BO DANIEL PL NAMPA ID 83687	3592 S BO NAMPA ID	RYAN M PAYNE 3592 S BO DANIEL PL NAMPA ID 83687-8368 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		ames and Addresses of at least one Member or Manager.	01 <u>1.01.</u> 1.03.0		<u></u>		
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	ANDREA PA	AYNE 3592 S. BO DANIEL PL.	NAMPA	ID	USA	83687	
5. Organized Under the Laws of: ID W 141846		6. Annual Report must be signed.* Signature: Ryan M Payne Name (type or print): Ryan M Payne		Date: 07/25/2016 Title: Owner			
Processed 07/25/2016 * Electronically provided signatures are accepted as original signatures.							