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| No. W 57256 | Due no later than Dec 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 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. DENTAL PARTNERS, PLLC KATHIE MILTON 203 7TH AVE S NAMPA ID 83651-3846 | | KLINT R KELLER 203 7TH AVE S NAMPA ID 83651 | | | |
| | | | 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 |
| MANAGER | KLINT R KELLER | 207 7TH AVE S | NAMPA | ID | USA | 83651 |
| MANAGER | JASON B HAMMER | 207 7TH AVE S | NAMPA | ID | USA | 83651 |
| 5. Organized Under the Laws of: ID W 57256 | 6. Annual Report must be signed.* Signature: Kathie Milton Name (type or print): Kathie Milton | | Date: 10/17/2013 Title: Office Manager | | | |
| Processed 10/17/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | |