No. <b>W 122293</b>	Due no later than Feb 28, 2015	2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	STEVEN F PUFFER
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed	333 S WOODRUFF AVE STE C IDAHO FALLS 83401
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CENTER FOR COSMETIC DENTISTRY, PLLC (THE) STEVEN F PUFFER 333 S WOODRUFF AVE STE C	IDANO FALLS 65401
	IDAHO FALLS ID 83401	3. <u>New</u> Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE	USA	
4. Limited Liability Companies: Enter Na	ames and Addresses of at least one Member or Manager.	
Office Held Name	Street or PO Address	City State Country Postal Code
MANAGER STEVEN F	PUFFER 333 S WOODRUFF AVE STE C	IDAHO FALLS ID USA 83401
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Steven Puffer	Date: 12/15/2014
W 122293	Name (type or print): Steven Puffer	Title: Doctor
Processed 12/15/2014 * Electronically provided signatures are accepted as original signatures.		