No. W 32379		Due no later than Aug 31, 2018 Annual Report Form		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) ALAN R COOPER 1820 JOHN ADAMS PARKWAY Idaho Falls ID 83401 3. New Registered Agent Signature:*			
Return to:				to entered the first and above the second				
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		EAGLE ROCK DENTAL CARE OF IDAHO FALLS, PLLC ALAN R. COOPER 1820 JOHN ADAMS PARKWAY						
NO FILING FEE IF		Idaho Falls ID 83401 USA		3. <u>New</u> Registere				
RECEIVED BY DUE DATE		USA						
4. Limited Liability Compar	nies: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	DOUGLAS S BARNARD		1820 JOHN ADAMS PARKWAY	IDAHO FALLS	ID		83401	
MANAGER ALAN R COO		OOPER	1820 JOHN ADAMS PARKWAY	IDAHO FALLS	ID		83401	
MEMBER NICHOLAS J. TANNER		. TANNER	1820 JOHN ADAMS PARKWAY	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Report n						
ID W 32379		Signature: Jeff Barnard		Date: 06/19	Date: 06/19/2018			
		Name (type or print): Jeff Barnard		Title: Grou	Title: Group Administrator			
Processed 06/19/2018	* Electronically provided signatures are accepted as original signatures.							