No. W 133969		Due no later than Feb 28, 2015		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. LAKE HARBOR DENTAL, PLLC MICHAEL E PETERSON 5355 W STATE ST BOISE ID 83703		ERIC BALLOU 5355 W STATE ST BOISE 83703 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		USA	east one Member or Manager					
Office Held Nam		Thes and Addresses of at i	Street or PO Address		City	State	Country	Postal Code
MEMBER MICI	HAEL E	PETERSON, D.D.S., P.A.	5355 W STATE ST		BOISE	ID		83703
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Michael			Date: 12/30/2014			
W 133969		Name (type or print): Michael			Title: Peterson			
Processed 12/30/2014	* Electronically provided signatures are accepted as original signatures.							