

No. W 56871		Due no later than Dec 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. EASTERN IDAHO ENDODONTICS PLLC BART D MORRISON DDS MS PO BOX 51330 IDAHO FALLS ID 83405-1330		CLINT TAVENNER 1000 RIVER WALK STE 100 IDAHO FALLS 83402	
				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
MEMBER	MORRISON ENDODONTICS PC	3335 S HOLMES AVE	IDAHO FALLS	ID	83404
MEMBER	SUTTON ENDODONTICS PC	3335 S HOLMES AVE	IDAHO FALLS	ID	83404
5. Organized Under the Laws of: ID W 56871		6. Annual Report must be signed.* Signature: Clint Tavenner Name (type or print): Clint Tavenner Date: 11/26/2014 Title: Cpa			
Processed 11/26/2014		* Electronically provided signatures are accepted as original signatures.			