

No. W 57256		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. DENTAL PARTNERS, PLLC KATHIE MILTON 203 7TH AVE S NAMPA ID 83651-3846		KLINT R KELLER 203 7TH AVE S NAMPA 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	203 7TH AVE S	NAMPA	ID	83651
MANAGER	JASON B HAMMER	203 7TH AVE S	NAMPA	ID	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: 10/23/2014 Title: Office Manager			
Processed 10/23/2014		* Electronically provided signatures are accepted as original signatures.			