No. **W 133969**	**Due no later than Feb 29, 2016** **Annual Report Form**	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**	**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 ID 83703 3. New 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	MICHAEL 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 **W 133969**	Signature: Michael Peterson	Date: 12/23/2015
	Name (type or print): Michael Peterson	Title: Owner

Processed 12/23/2015

* Electronically provided signatures are accepted as original signatures.