

No. W 44950	Due no later than Nov 30, 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. SUMMIT DENTAL GROUP, P.L.L.C. CARSON MOONEY 782 S. AMERICANA BLVD. BOISE ID 83702		CARSON MOONEY 782 S AMERICANA BLVD BOISE ID 83702			
			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	CARSON A MOONEY	782 S. AMERICANA BLVD	BOISE	ID	USA	83702
MEMBER	ROBERT STUDEBAKER	782 S. AMERICANA BLVD	BOISE	ID	USA	83702
MEMBER	LANCE RITCHIE	782 S. AMERICANA BLVD	BOISE	ID	USA	83702
5. Organized Under the Laws of: ID W 44950	6. Annual Report must be signed.* Signature: Carolyn Schall Name (type or print): Carolyn Schall		Date: 10/01/2016 Title: Bookkeeper			
Processed 10/01/2016		* Electronically provided signatures are accepted as original signatures.				