

No. W 2726		Due no later than Jul 31, 2015		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. ROCK CREEK DENTAL GROUP, P.L.L.C. JOHN C ROBERTS 256 MARTIN TWIN FALLS ID 83301		JOHN C ROBERTS 256 MARTIN TWIN FALLS ID 83301	
				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	JOHN C ROBERTS INC	256 MARTIN	TWIN FALLS	ID	83301
MEMBER	KEVIN W HALL INC	256 MARTIN	TWIN FALLS	ID	83301
5. Organized Under the Laws of: ID W 2726		6. Annual Report must be signed.* Signature: JOHN ROBERTS Name (type or print): JOHN ROBERTS Date: 08/14/2015 Title: MEMBER			
Processed 08/14/2015		* Electronically provided signatures are accepted as original signatures.			