

No. <b>W 98594</b>	<b>Due no later than Dec 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> WOLD AND WOLD FAMILY DENTISTRY, LLC JOHN D WOLD 600 E RIVERPARK LN STE 140 BOISE ID 83706		IDAHO SERVICE COMPANY 101 S CAPITOL BLVD 10TH FLOOR BOISE 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	VALERIE A CASTRO	600 E. RIVERPARK LN. STE 140	BOISE	ID	USA	83706
5. Organized Under the Laws of:  <b>ID</b> <b>W 98594</b>		6. Annual Report must be signed.* Signature: Valerie A. Castro Name (type or print): Valerie A. Castro Date: 01/12/2015 Title: Office Manager				
Processed 01/12/2015		* Electronically provided signatures are accepted as original signatures.				