

No. W 95853		Due no later than Aug 31, 2015 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. BENNETT DENTAL ARTS LLC JEFFERY D BENNETT 3123 E JOHN ADAMS PKWY IDAHO FALLS ID 83406 USA		JEFFERY D BENNETT 3123 E JOHN ADAMS PKWY IDAHO FALLS ID 83406			
				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	JEFFERY D BENNETT	3123 E. JOHN ADAMS PKWY.	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 95853		Signature: Jeffery D. Bennett				Date: 07/20/2015	
		Name (type or print): Jeffery D. Bennett				Title: Owner/Ceramist	
Processed 07/20/2015		* Electronically provided signatures are accepted as original signatures.					