

No. W 98594		Due no later than Dec 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. 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 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	VALERIE A CASTRO	600 E. RIVERPARK LN. STE 140	BOISE	ID	USA 83706
5. Organized Under the Laws of: ID W 98594		6. Annual Report must be signed.* Signature: valerie a. castro Name (type or print): valerie a. castro Date: 10/19/2015 Title: office manager			
Processed 10/19/2015		* Electronically provided signatures are accepted as original signatures.			