No. **W 69349**	**Due no later than Dec 31, 2017** **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.** CASTLEBURY DENTAL, LLC CASTLEBURY DENT C/O SHANNON LOVE 3209 W. BAVARIA STREET EAGLE ID 83616	SHANNON LOVE 3209 W BAVARIA ST EAGLE ID 83616 3. New 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	JACOB MICHAEL BROWN	2208 E SIDEWINDER DR	EAGLE	ID		83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 69349**	Signature: Shannon Love	Date: 10/23/2017
	Name (type or print): Shannon Love	Title: Practice Manager

Processed 10/23/2017

* Electronically provided signatures are accepted as original signatures.