No. **W 124479**	**Due no later than Apr 30, 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.** SWEEN FAMILY DENTISTRY, LLC CRAIG SWEEN PO BOX 2637 HAYDEN ID 83835	HOLT LAW OFFICE PLLC 618 N 4TH ST COEUR D ALENE 83814 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
MEMBER	CRAIG SWEEN	PO BOX2637	HAYDEN	ID	USA	83835

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 124479**	Signature: Craig Sween	Date: 03/06/2015
	Name (type or print): Craig Sween	Title: owner

Processed 03/06/2015

* Electronically provided signatures are accepted as original signatures.