

No. W 69475		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. PALOUSE PEDIATRIC DENTISTRY, LLC KAREN M SEPT 1246 WEST A STREET MOSCOW ID 83843		MARK T MONSON, ATTORNEY AT LAW 803 S JEFFERSON STE 4 MOSCOW ID 83843			
				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	KAREN M SEPT	2806 ITANI DRIVE	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of: ID W 69475		6. Annual Report must be signed.* Signature: Michele Walker Name (type or print): Michele Walker Date: 10/13/2015 Title: Practice Manager					
Processed 10/13/2015		* Electronically provided signatures are accepted as original signatures.					