

No. W 137512		Due no later than May 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. GENERATIONAL DENTAL PLLC JUSTIN RADER, DDS 1223 N GOVERNMENT WAY COEUR D ALENE ID 83814 USA		JUSTIN RADER, DDS 1223 N GOVERNMENT WAY COEUR D ALENE 83814	
				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	JUSTIN RADER	1223 N GOVERNEMENT WAY	COEUR D ALENE	ID	USA 83814
5. Organized Under the Laws of: ID W 137512		6. Annual Report must be signed.* Signature: Justin Rader DDS Name (type or print): Justin Rader DDS Date: 03/23/2015 Title: Owner/Dentist			
Processed 03/23/2015		* Electronically provided signatures are accepted as original signatures.			