

No. W 139341		Due no later than Jun 30, 2016 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		1. Mailing Address: Correct in this box if needed. WEST VALLEY ENDODONTICS LLC BRENT CHAPMAN 1217 JACOB ALCOTT WAY NAMPA ID 83687		ROBERT C MONTGOMERY CHTD 2160 S TWIN RAPID BOISE ID 83709			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name BRUCE EDWARD NEWCOMB	Street or PO Address 1217 JACOB ALCOTT WAY		City NAMPA	State ID	Country USA	Postal Code 83687
5. Organized Under the Laws of: ID W 139341		6. Annual Report must be signed.* Signature: Bruce E Newcomb Name (type or print): Bruce E Newcomb Date: 04/28/2016 Title: Member					
Processed 04/28/2016 * Electronically provided signatures are accepted as original signatures.							