

No. <b>W 69349</b>		<b>Due no later than Dec 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  CASTLEBURY DENTAL, LLC CASTLEBURY DENT C/O SHANNON LOVE 3209 W. BAVARIA STREET EAGLE ID 83616		S&S LEGAL DOCUMENTS, LLC 3023 E COPPER POINT DR STE 106 MERIDIAN ID 83642	
				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	JACOB MICHAEL BROWN	2208 E SIDEWINDER DR	EAGLE	ID	83616
5. Organized Under the Laws of:  <b>ID W 69349</b>		6. Annual Report must be signed.* Signature: Shannon Love Name (type or print): Shannon Love Date: 10/19/2016 Title: Practice Manager			
Processed 10/19/2016		* Electronically provided signatures are accepted as original signatures.			