

No. <b>W 34001</b>		<b>Due no later than Oct 31, 2015</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>  FAMILY DENTAL CENTER, PLLC (THE) PAUL L HANSEN 625 W BRIDGE ST BLACKFOOT ID 83221 USA		PAUL L HANSEN 625 W BRIDGE ST BLACKFOOT ID 83221	
				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	PAUL HANSEN	1363 JUSTA CIR	BLACKFOOT	ID	83221
5. Organized Under the Laws of:  <b>ID W 34001</b>		6. Annual Report must be signed.* Signature: Paul Hansen Name (type or print): Paul Hansen Date: 08/31/2015 Title: Manager			
Processed 08/31/2015		* Electronically provided signatures are accepted as original signatures.			