

No. W 25019		Due no later than Jul 31, 2014		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. CHRISTENSEN DENTAL, PLLC LYNDE GARNER 1558 N CRESTMONT DR STE A MERIDIAN ID 83642		LYNDE GARNER 1558 N CRESTMONT DR STE A 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	LYNDE GARNER	320 HILLDROP ST	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 25019		Signature: Lynde D. Garner				Date: 05/14/2014	
		Name (type or print): Lynde D. Garner				Title: Managing Member	
Processed 05/14/2014		* Electronically provided signatures are accepted as original signatures.					