

No. W 7276	Due no later than Nov 30, 2013 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BOISE PERIODONTICS, LLC KENNETH G SHERMAN II 134 OLD QUARRY WAY BOISE ID 83709		KENNETH G SHERMAN II 1228 N COLE RD BOISE ID 83704			
			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	KEN SHERMAN II	134 OLD QUARRY WAY	BOISE	ID	USA	83709
5. Organized Under the Laws of: ID W 7276		6. Annual Report must be signed.* Signature: ken sherman II Name (type or print): ken sherman II		Date: 09/19/2013 Title: Manager		
Processed 09/19/2013		* Electronically provided signatures are accepted as original signatures.				