

No. W 111319		Due no later than Feb 28, 2017 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. BEAR LAKE DENTAL HOLDINGS, LLC CINDY M. COOK PO BOX 326 MONTPELIER ID 83254		MONTY B WESTON 215 S 4TH ST MONTPELIER ID 83254			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	MONTY B WESTON	215 S 4TH STREET PO BOX 326	MONTPELIER	ID	USA	83254	
MANAGER	MICAH D HIMMERICH	215 S 4TH STREET	MONTPELIER	ID	USA	83254	
5. Organized Under the Laws of: ID W 111319		6. Annual Report must be signed.* Signature: Monty B. Weston Name (type or print): Monty B. Weston					
		Date: 03/17/2017 Title: manager					
Processed 03/17/2017 * Electronically provided signatures are accepted as original signatures.							