

No. <b>W 145949</b>		<b>Due no later than Dec 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>1. Mailing Address: Correct in this box if needed.</b> EASTERN OREGON DENTAL CLINIC, LLC ERIC N DAHLE DMD 475 SW 12TH ST ONTARIO OR 97914		ERIC N DAHLE DMD 2443 EAST 1ST ST FRUITLAND ID 83619			
				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	
MEMBER	JAY B WETTSTEIN	475 SW 12TH STREET	ONTARIO	OR	USA	97914	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>OR W 145949</b>		Signature: Alicia Gardner			Date: 10/13/2015		
		Name (type or print): Alicia Gardner			Title: Office Manager		
Processed 10/13/2015		* Electronically provided signatures are accepted as original signatures.					