No. <b>W 116405</b>		Due no	2. Registered Age	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		DR GEORGE LO	DR GEORGE LOFTUS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  LOFTUS FAMILY DENTAL MANAGEMENT, LLC  STEPHEN C JAMES  11801 BRINLEY AVE STE 100  MIDDLETOWN KY 40243			4049 E SKY HARBOR DR			
					COEUR D ALENE ID 83814-7537  3. New Registered Agent Signature:*			
				3. <u>INEW</u> Registered				
RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of a	t least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	GEORGE LOFTUS		4049 E SKY HARBOR DRIVE	COEUR D ALENE	ID	USA	83814-7537	
MEMBER APOGEE DEN		ITAL NETWORK, INC.	11801 BRINLEY AVE STE 100	MIDDLETOWN	KY	USA	40243	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 116405		Signature: Stephen		Date: 06/22/2016				
		Name (type or print		Title: Secretary				
Processed 06/22/2016		* Electronically provide	d signatures are accepted as original	signatures.				