

|  |                   |   |         |  |                     |
|--|-------------------|---|---------|--|---------------------|
| No. <b>W 15892</b>   |                   | <b>Due no later than Jul 31, 2016</b>   |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>   |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>PRESTON DENTAL CARE, PLLC<br>KURT O IVERSON<br>135 S STATE ST<br>PRESTON ID 83263 |         | KURT O IVERSON<br>135 S STATE ST<br>PRESTON ID 83263 |                     |
|  |                   |   |         | 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   | KURT O IVERSON    | 135 S STATE ST  | PRESTON | ID   | 83263               |
| MEMBER   | MARGRET K IVERSON | 135 S STATE ST  | PRESTON | ID   | 83263               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 15892</b>   |                   | 6. Annual Report must be signed.*<br>Signature: Kurt O Iverson DDS<br>Name (type or print): Kurt O Iverson DDS<br>Date: 08/22/2016<br>Title: President                              |         |  |                     |
| Processed 08/22/2016   |                   | * Electronically provided signatures are accepted as original signatures.   |         |  |                     |