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|--|----------------|--|-------|---|---------|------------------|--|
| No. W 147536 | | Due no later than Feb 29, 2016 | | 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. ONSITE DENTAL, PLLC KEITH L STUCKI 524 E FUJII DR NAMPA ID 83686 | | UNITED STATES CORPORATION AGEN 950 BANNOCK ST STE 1100 BOISE ID 83702 | | | |
| | | | | 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 | KEITH L STUCKI | 524 E. FUJII DR | NAMPA | ID | USA | 83686 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 147536 | | Signature: Keith L. Stucki | | | | Date: 12/21/2015 | |
| | | Name (type or print): Keith L. Stucki | | | | Title: Manager | |
| Processed 12/21/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |