

No. W 82175		Due no later than Mar 31, 2016 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. MCLAUGHLIN DENTAL, L.L.C. JOHN L MCLAUGHLIN 126 W 5TH AVE GOODING ID 83330		JOHN L MCLAUGHLIN 126 W 5TH AVE GOODING ID 83330			
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 MEMBER	Name NANCY C MCLAUGHLIN	Street or PO Address 2678 ROCK CREEK RD.		City HANSEN	State ID	Country USA	Postal Code 83334
5. Organized Under the Laws of: ID W 82175		6. Annual Report must be signed.* Signature: John McLaughlin Name (type or print): John McLaughlin Date: 02/24/2016 Title: Manager					
Processed 02/24/2016 * Electronically provided signatures are accepted as original signatures.							