No. W 84106		Due no later than May 31, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			STEVEN E ANDERSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ANDERSON DENTAL BUILDING, LLC STEVEN E ANDERSON PO BOX 1909 SANDPOINT ID 83864		SAGLE ID	33 BIRCH BANKS DR SAGLE ID 83860-9630 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	STEVEN E /	ANDERSON	PO BOX 1909	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ste		Date: 05/19/2016				
W 84106		Name (type or		Title: Manager				
Processed 05/19/2016 * Electronically provided signatures are accepted as original signatures.								