

No. <b>W 19921</b>	<b>Due no later than Jul 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> MOUNTAINS WEST DENTAL CLINIC, PLLC MONTE EPPICH PO BOX 572 COUNCIL ID 83612 USA		MONTE EPPICH 502 N DARTMOUTH COUNCIL ID 83612			
			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	MONTE EPPICH	502 W DARTMOUTH	COUNCIL	ID		83612
5. Organized Under the Laws of:  <b>ID W 19921</b>		6. Annual Report must be signed.* Signature: Monte R. Eppich Name (type or print): Monte R. Eppich Date: 07/13/2015 Title: Member				
Processed 07/13/2015		* Electronically provided signatures are accepted as original signatures.				