

No. W 80795	Due no later than Jan 31, 2014 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BLUESKY DENTAL, LLC KEVIN C. HENRY 2500 W. A STREET SUITE 204 MOSCOW ID 83843 USA		KEVIN C HENRY DDS 2500 W. A STREET SUITE 204 MOSCOW ID 83843			
			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	KEVIN C HENRY	2500 A STREET SUITE 204	MOSCOW	ID	USA	83843
5. Organized Under the Laws of: ID W 80795	6. Annual Report must be signed.* Signature: Kevin C. Henry Name (type or print): Kevin C. Henry		Date: 02/10/2014 Title: Owner/Doctor			
Processed 02/10/2014		* Electronically provided signatures are accepted as original signatures.				