

No. W 83563		Due no later than Apr 30, 2015		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		Annual Report Form		DAVID E SEEGMILLER 2201 E GALA ST MERIDIAN ID 83642			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		HORSESHOE BEND FAMILY DENTISTRY, LLC DAVID E SEEGMILLER 2201 E GALA ST MERIDIAN ID 83642-2798					
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	DAVID E SEEGMILLER	2201 E GALA ST	MERIDIAN	ID	USA	83642-2798	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 83563		Signature: DAVID E SEEGMILLER				Date: 04/29/2015	
		Name (type or print): DAVID E SEEGMILLER				Title: MEMBER	
Processed 04/29/2015		* Electronically provided signatures are accepted as original signatures.					