

No. W 5186		Due no later than Dec 31, 2014		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 1. Mailing Address: Correct in this box if needed. WILLOW TREE DENTAL GROUP, PLLC WILLIAM RITTER 317 W CHERRY LN MERIDIAN ID 83642		WILLIAM T RITTER DDS 317 W CHERRY LN MERIDIAN 83642	
				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	WILLIAM T RITTER DDS	317 W CHERRY LN	MERIDIAN	ID	83642
5. Organized Under the Laws of: ID W 5186		6. Annual Report must be signed.* Signature: WILLIAM T RITTER DDS Name (type or print): WILLIAM T RITTER DDS Date: 10/14/2014 Title: MEMBER			
Processed 10/14/2014		* Electronically provided signatures are accepted as original signatures.			