

No. W 34709		Due no later than Nov 30, 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. ADVANCED DENTAL CARE OF TWIN FALLS, LLC CRAIG RENCHER 247 RIVER VISTA PLACE STE #200 TWIN FALLS ID 83301		CRAIG RENCHER 247 RIVER VISTA PLACE STE #200 TWIN FALLS ID 83301	
				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
MANAGER	CRAIG RENCHER	1148 HARMONY	TWIN FALLS	ID	USA 83301
5. Organized Under the Laws of: ID W 34709		6. Annual Report must be signed.* Signature: Craig Date: 09/25/2014 Name (type or print): Craig Title: Rencher			
Processed 09/25/2014		* Electronically provided signatures are accepted as original signatures.			