

No. W 11812		Due no later than Apr 30, 2016		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		MONTY B WESTON 215 S 4TH MONTPELIER ID 83254			
		1. Mailing Address: Correct in this box if needed. BEAR LAKE DENTAL CARE, PLLC MONTY B WESTON DDS 215 S 4TH MONTPELIER ID 83254		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	MONTY B WESTON DDS PA	215 SO 4TH	MONTPELIER	ID	USA	83254	
MEMBER	MICAH D HIMMERICH	215 SO 4TH	MONTPELIER	ID	USA	83254	
5. Organized Under the Laws of: ID W 11812		6. Annual Report must be signed.* Signature: Monty B. Weston Name (type or print): Monty B. Weston					
		Date: 02/23/2016 Title: Member					
Processed 02/23/2016		* Electronically provided signatures are accepted as original signatures.					