

No. J 2654		Due no later than Sep 30, 2017		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. ION DENTAL GROUP LLP CURTIS CARPENTER 1433 N 980 E SHELLEY ID 83274		CURTIS CARPENTER 1433 N 980 E SHELLEY ID 83274	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
PARTNER	CURTIS CARPENTER	1433 N 980 E	SHELLEY	ID	83274
PARTNER	CODY CARPENTER	1433 N 980 E	SHELLEY	ID	83274
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID J 2654		Signature: Curtis Carpenter		Date: 07/25/2017	
		Name (type or print): Curtis Carpenter		Title: Partner	
Processed 07/25/2017		* Electronically provided signatures are accepted as original signatures.			