

No. W 75171		Due no later than Jun 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 1. Mailing Address: Correct in this box if needed. BOISE FAMILY DENTAL CARE, PLLC KERRY MAINO 6363 W. EMERALD ST. SUITE 102 BOISE ID 83704 USA		STEVEN S CRUMP 2554 W BELLAGIO DR MERIDIAN ID 83646-8370			
				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	STEVEN S CRUMP DMD	6363 W. EMERALD ST. SUITE 102	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 75171		Signature: Kerry Maino				Date: 06/30/2015	
		Name (type or print): Kerry Maino				Title: Treatment Coordinator	
Processed 06/30/2015		* Electronically provided signatures are accepted as original signatures.					