

No. W 78341		Due no later than Oct 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CARE CREEK DENTAL LLC PAUL A GAGNON 1169 CALL CREEK DR STE A POCATELLO ID 83201		PAUL A GAGNON 2717 CLEARWATER POCATELLO ID 83201			
NO FILING FEE IF RECEIVED BY DUE DATE				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	CAROLEE C GAGNON	2717 CLEARWATER ST. 1169 CALL CREEK DR		POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID W 78341		6. Annual Report must be signed.* Signature: Carolee C Gagnon Name (type or print): Carolee C Gagnon					
Processed 08/23/2017		Date: 08/23/2017 Title: Manager * Electronically provided signatures are accepted as original signatures.					