No. W 101159		Due no later than Mar 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. YUN FAMILY DENTISTRY, PLLC LAUREN A YUN 467 S RIVERSHORE LN EAGLE ID 83616		2. R	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				4 E	LAUREN YUN 467 S RIVERSHORE LN EAGLE ID 83616 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of at	least one Memher or Manager					
Office Held	Name	ries and ridaresses of at	Street or PO Address	Cit	Ŋ	State	Country	Postal Code
MEMBER	LAUREN A YUN		2248 E. ALDERHILL DRIVE	EA	GLE	ID	USA	83616
5. Organized Under the Laws of: ID W 101159		6. Annual Report must be signed.* Signature: Lauren A. Yun Name (type or print): Lauren A. Yun			Date: 05/09/2014 Title: Member			
Processed 05/09/2014 * Electronically provided signatures are accepted as original signatures.								