

No. <b>W 80795</b>		<b>Due no later than Jan 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  BLUESKY DENTAL, LLC KEVIN C. HENRY 2500 W. A STREET SUITE 204 MOSCOW ID 83843 USA		KEVIN C HENRY DDS 2500 W. A STREET SUITE 204 MOSCOW ID 83843			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name KEVIN C HENRY	Street or PO Address 2500 A STREET SUITE 204		City MOSCOW	State ID	Country USA	Postal Code 83843
5. Organized Under the Laws of:  <b>ID</b> <b>W 80795</b>		6. Annual Report must be signed.*  Signature: Kevin C Henry Name (type or print): Kevin C Henry  Date: 01/09/2018 Title: Owner/Dr					
Processed 01/09/2018 * Electronically provided signatures are accepted as original signatures.							