

No. W 70945		Due no later than Jan 31, 2018		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. ASPEN CREEK DENTAL, PLLC GAIL BRENT ADAMS 6144 BIRCH LANE NAMPA ID 83687		GAIL BRENT ADAMS 6144 BIRCH LANE NAMPA ID 83687	
				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
MEMBER	GAIL BRENT ADAMS	10030 W SCENIC VIEW LANE	STAR	ID	83669
5. Organized Under the Laws of: ID W 70945		6. Annual Report must be signed.* Signature: Gail Brent Adams Name (type or print): Gail Brent Adams Date: 12/06/2017 Title: owner			
Processed 12/06/2017		* Electronically provided signatures are accepted as original signatures.			