

No. W 98813	Due no later than Dec 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BENCHMARK FAMILY DENTISTRY, PLLC NANCY K NELSON 4552 N CLOVERDALE RD BOISE ID 83713		TROY A CLOVIS 4552 N CLOVERDALE RD BOISE ID 83713			
			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	SARAH S HUNT	4552 N CLOVERDALE RD	BOISE	ID	USA	83713-2417
5. Organized Under the Laws of: ID W 98813	6. Annual Report must be signed.* Signature: Nancy K Nelson Name (type or print): Nancy K Nelson		Date: 11/07/2017 Title: Bookkeeper			
Processed 11/07/2017		* Electronically provided signatures are accepted as original signatures.				