

No. <b>W 60649</b>		<b>Due no later than Mar 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>  HANK WILLIS, DDS, PLLC HANK S WILLIS 6674 MAIN ST BONNERS FERRY ID 83805 USA		HENRY S.K. WILLIS IV, DDS 6674 MAIN ST BONNERS FERRY ID 83805			
<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 MANAGER	Name HENRY S. K. WILLIS IV, DDS	Street or PO Address 294 CAPRINE LN		City BONNERS FERRY	State ID	Country USA	Postal Code 83805
5. Organized Under the Laws of:  <b>ID</b> <b>W 60649</b>		6. Annual Report must be signed.*  Signature: Henry Willis Name (type or print): Henry Willis  Date: 01/23/2018 Title: President					
Processed 01/23/2018 * Electronically provided signatures are accepted as original signatures.							