

No. <b>W 108670</b>		<b>Due no later than Nov 30, 2014</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  ELEMENT DENTAL, PLLC RACHEL FEHLING 700 IRONWOOD DR #366 COEUR D ALENE ID 83814		RACHEL FEHLING DMD 745 N GOVERNMENT WAY COEUR D ALENE ID 83814	
				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	RACHEL B FEHLING	745 N GOVERNMENT WAY	COEUR D ALENE	ID	USA 83814
5. Organized Under the Laws of:  <b>ID W 108670</b>		6. Annual Report must be signed.* Signature: Rachel Fehling Name (type or print): Rachel Fehling Date: 09/18/2014 Title: Owner/dentist			
Processed 09/18/2014		* Electronically provided signatures are accepted as original signatures.			