

No. W 6622		Due no later than Jul 31, 2018 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		1. Mailing Address: Correct in this box if needed. LINEBERRY ORTHODONTICS, PLLC LAURA K LINEBERRY 13059 W PERSIMMON LN BOISE ID 83713		LAURA K LINEBERRY 13059 W PERSIMMON LN BOISE ID 83713		
NO FILING FEE IF RECEIVED BY DUE DATE				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 LAURA K LINEBERRY	Street or PO Address 3040 N FIVE MILE RD	City BOISE	State ID	Country	Postal Code 83704
5. Organized Under the Laws of: ID W 6622		6. Annual Report must be signed.* Signature: david phillips Name (type or print): david phillips Date: 05/22/2018 Title: owner				
Processed 05/22/2018 * Electronically provided signatures are accepted as original signatures.						