| No. W 122732 | | Due no later than Mar 31, 2018 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---------------------|--|--|---------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | | STEVEN J RINALDI | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. RAINBOW DENTAL CLINIC, L.L.C. STEVEN J RINALDI 418 W CAMERON AVE KELLOGG ID 83837 | | KELLOGG I | 418 W CAMERON AVE KELLOGG ID 83837 3. New Registered Agent Signature:* | | | |
| RECEIVED B | | | | | | | | |
| 4. Limited Liability Co | ompanies: Enter Nai | mes and Addres | ses of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | STEVE J RI | NALDI | 418 W CAMERON AVE | KELLOGG | ID | USA | 83837 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 122732 | | Signature: steven j rinaldi | | | Date: 02/04/2018 | | | |
| | | Name (type or print): steven j rinaldi | | | Title: manager | | | |
| Processed 02/04/20 | 18 | * Electronically | provided signatures are accepted as original | signatures. | | | | |