

No. <b>W 168484</b>		<b>Due no later than Jun 30, 2017</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>		CLARKE SHORT 110 19TH STREET LEWISTON ID 83501			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		NC FAMILY DENTAL, PLLC NATHAN ERIN LEAVITT 3326 4TH STREET SUITE 1 LEWISTON ID 83501 USA					
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	
MANAGER	NATHAN ERIN LEAVITT	110 19TH STREET	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 168484</b>		Signature: Nathan Leavitt			Date: 06/05/2017		
		Name (type or print): Nathan Leavitt			Title: Manager		
Processed 06/05/2017		* Electronically provided signatures are accepted as original signatures.					